Volume 28, Number 3 Pages 219–280 February 3, 2003



# MATT BLUNT SECRETARY OF STATE

# MISSOURI REGISTER

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The Missouri Register is published semi-monthly by

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ISSN 0149-2942, USPS 320-630; periodical postage paid at Jefferson City, MO Subscription fee: \$56.00 per year

POSTMASTER: Send change of address notices and undelivered copies to:

MISSOURI REGISTER
Office of the Secretary of State
Administrative Rules Division
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# Missouri



# REGISTER

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Documents will be accepted for filing on all regular workdays from 8:00 a.m. until 5:00 p.m. We encourage early filings to facilitate the timely publication of the *Missouri Register*. Orders of Rulemaking appearing in the *Missouri Register* will be published in the *Code of State Regulations* and become effective as listed in the chart above. Advance notice of large volume filings will facilitate their timely publication. We reserve the right to change the schedule due to special circumstances. Please check the latest publication to verify that no changes have been made in this schedule. To review the entire year's schedule, please check out the website at <a href="http://www.sos.state.mo.us/adrules/pubsched.asp">http://www.sos.state.mo.us/adrules/pubsched.asp</a>

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# HOW TO CITE RULES AND RSMo

**RULES**—Cite material in the *Missouri Register* by volume and page number, for example, Vol. 26, *Missouri Register*, page 27. The approved short form of citation is 26 MoReg 27.

The rules are codified in the Code of State Regulations in this system—

TitleCode of State RegulationsDivisionChapterRule1CSR10-1.010DepartmentAgency, DivisionGeneral area regulatedSpecific area regulated

They are properly cited by using the full citation, i.e., 1 CSR 10-1.010.

Each department of state government is assigned a title. Each agency or division in the department is assigned a division number. The agency then groups its rules into general subject matter areas called chapters and specific areas called rules. Within a rule, the first breakdown is called a section and is designated as (1). Subsection is (A) with further breakdown into paragraph 1., subparagraph A., part (I), subpart (a), item I. and subitem a.

**RSMo**—Cite material in the RSMo by date of legislative action. The note in parentheses gives the original and amended legislative history. The Office of the Revisor of Statutes recognizes that this practice gives users a concise legislative history.

# FROM THIS ANGLE...

# **Emergency rulemakings?**

Emergency rulemakings have very specific statutory criteria that must be met before they can be accepted for filing. Secretary Blunt reviews all emergency rules, amendments, etc., that are filed with our office. Please remember to consult section 536.025, RSMo 2000, for the expanded provisions, which constitute an emergency rulemaking. For example, some of the criteria are:

- 1. An immediate danger to public health safety and welfare exists; the rulemaking is necessary to preserve a compelling governmental interest which requires an early effective date;
- 2. Follows procedures best calculated to assure fairness to all interested persons and parties under the circumstances;
- 3. Follows procedures which comply with the protections extended by the *Missouri* and *United States Constitutions*; and
- 4. Limits the scope of such rulemaking to the circumstances creating an emergency and requiring emergency action;

Your emergency statement must follow the statutory guidelines set out by section 536.025 and meet the specific criteria outlined therein including the specific facts, reasons and findings that support the agency's conclusions to file an emergency rulemaking. Also remember, emergency rulemakings may only be effective for 180 days or 30 legislative days, whichever period is longer. Consult section 536.025 in its entirety when your agency contemplates an emergency rulemaking.

# Rules, amendments, rescissions, more rules? Have you consulted the Rulemaking Manual?!

When preparing to write or file new rules, amendments, rescissions or emergency rules, please consult *Rulemaking 1-2-3*, *Missouri Style* for assistance in compiling your paperwork. Alternatively, please call us and we will assist you. If you do not have the new manual, you may call us and obtain a copy — or you may access the online version at <a href="https://www.sos.state.mo.us/adrules/manual/manual.asp">www.sos.state.mo.us/adrules/manual/manual.asp</a>. This is a very "user friendly" manual and will walk you through each step of the process.

# Training?

Just a reminder . . . we are able to offer individual or group training sessions at your office or ours – if you need help with preparing or filing your administrative rules. Many agencies find our offer very helpful. Just give us a call to schedule your session today – even if it is just a five minute one-on-one to look over your draft documents before filing. It is our responsibility to assist you in properly preparing your rulemakings for filing – and in assuring your documents are accurate and complete.

# Welcome Heather!

Please join us in welcoming our newest staff member, Heather Downs. Heather has been with our office in a part-time position in another division. We are happy to have Heather as our newest Computer Equipment Operator I in Administrative Rules. Next time you are in, let us introduce you to Heather. We are happy to have her here with us!

# Revisions/Changes in Rules/Final Orders of Rulemaking?

If you are contemplating changes to your current rules—or if you are changing language within the text of your final order of rulemaking, *please*, *please*, *please*, *please* contact us for the current version of your text that either appears in *Code* or the current proposed version as it was published in the *Missouri Register*, whichever circumstance is applicable. This will save many hours of re-keying for you—and countless errors for us... Please give us a call and we will send you the most up-to-date version electronically.

As always, please contact us if we may assist you in *any way* with the rulemaking process.

Lynge C. Angle

Director, Administrative Rules

Inder this heading will appear the text of proposed rules and changes. The notice of proposed rulemaking is required to contain an explanation of any new rule or any change in an existing rule and the reasons therefor. This is set out in the Purpose section with each rule. Also required is a citation to the legal authority to make rules. This appears following the text of the rule, after the word "Authority."

ntirely new rules are printed without any special symbology under the heading of the proposed rule. If an existing rule is to be amended or rescinded, it will have a heading of proposed amendment or proposed rescission. Rules which are proposed to be amended will have new matter printed in boldface type and matter to be deleted placed in brackets.

n important function of the *Missouri Register* is to solicit and encourage public participation in the rulemaking process. The law provides that for every proposed rule, amendment or rescission there must be a notice that anyone may comment on the proposed action. This comment may take different forms.

If an agency is required by statute to hold a public hearing before making any new rules, then a Notice of Public Hearing will appear following the text of the rule. Hearing dates must be at least thirty (30) days after publication of the notice in the *Missouri Register*. If no hearing is planned or required, the agency must give a Notice to Submit Comments. This allows anyone to file statements in support of or in opposition to the proposed action with the agency within a specified time, no less than thirty (30) days after publication of the notice in the *Missouri Register*.

n agency may hold a public hearing on a rule even though not required by law to hold one. If an agency allows comments to be received following the hearing date, the close of comments date will be used as the beginning day in the ninety (90)-day-count necessary for the filing of the order of rulemaking.

If an agency decides to hold a public hearing after planning not to, it must withdraw the earlier notice and file a new notice of proposed rulemaking and schedule a hearing for a date not less than thirty (30) days from the date of publication of the new notice.

Proposed Amendment Text Reminder: **Boldface text indicates new matter**.

[Bracketed text indicates matter being deleted.]

Title 1—OFFICE OF ADMINISTRATION
Division 20—Personnel Advisory Board and Division of
Personnel
Chapter 2—Classification and Pay Plans

# PROPOSED AMENDMENT

1 CSR 20-2.015 Broad Classification Bands for Managers. The Personnel Advisory Board is amending paragraph (6)(B)2.

PURPOSE: This amendment is necessary to allow for consistent application of rules governing layoffs.

(6) Separation, Suspension and Demotion. The provisions of 1 CSR 20-3.070 are applicable in the administration of broad classification bands for managers in agencies covered by the merit system provisions of the State Personnel Law, except as specifically outlined in this section, or necessary for implementation.

- (B) Demotions and Transfers. An appointing authority may demote an employee in accordance with the following:
- 1. No demotion for cause shall be made unless the employee to be demoted meets the minimum qualifications for the lower position demoted to, and shall not be made if any regular employee in the affected class and band or range would be laid off by reason of the action; and
- 2. An appointing authority, upon written request of the regular employee affected, shall demote such employee in lieu of layoff to a position in a lower band in the same class; or shall demote or transfer such employee [to another class for which the employee meets the qualifications; or] to an appropriate class and pay range in the same occupational job series; or to a position in which the employee previously has served and has obtained regular status in the division of service involved; even though these actions may result in additional layoffs. An appointing authority may also, upon written request of the regular employee affected, demote or transfer such employee in lieu of layoff to another class for which the employee meets the qualifications, even if these actions may result in additional layoffs. In the event of a demotion to a lower band, or a demotion or transfer to a class and pay range in lieu of layoff, an employee shall have his/her name placed on the appropriate register.

AUTHORITY: section 36.070, RSMo [Supp. 1998] 2000. Original rule filed March 11, 1999, effective Sept. 30, 1999. Emergency amendment filed Jan. 2, 2003, effective Jan. 12, 2003, expires July 10, 2003. Amended: Filed Jan. 15, 2003.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE OF PUBLIC HEARING AND NOTICE TO SUBMIT COM-MENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Director of Personnel, Office of Administration, P.O. Box 388, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. A public hearing on this proposed amendment is scheduled for 1:00 p.m., March 11, 2003 in Room 500 of the Harry S Truman State Office Building, 301 High Street, Jefferson City, Missouri.

# Title 3—DEPARTMENT OF CONSERVATION Division 10—Conservation Commission Chapter 9—Wildlife Code: Confined Wildlife: Privileges, Permits, Standards

### PROPOSED AMENDMENT

3 CSR 10-9.230 Class I Wildlife. The commission is amending provisions of this rule.

PURPOSE: This amendment provides wording to clarify captive animals included as Class I wildlife.

Class I wildlife shall include bullfrogs and green frogs and birds (including ring-necked pheasants and gray partridge) native to the continental United States, and those species of mammals (except bison and those listed in 3 CSR 10-9.240) and nonvenomous reptiles and amphibians native to Missouri. Elk defined as livestock pursuant to the *Revised Statutes of Missouri* section 277.020 that are held separate so as to prevent comingling with mule deer and white-tailed deer are exempt from permit requirements.

AUTHORITY: sections 40 and 45 of Art. IV, Mo. Const. Original rule filed June 9, 1993, effective Jan. 31, 1994. For intervening history, please consult the Code of State Regulations. Amended: Filed Dec. 26, 2002.

PUBLIC COST: This proposed amendment will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with John W. Smith, Deputy Director, Department of Conservation, PO Box 180, Jefferson City, MO 65102. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

### PROPOSED AMENDMENT

**22 CSR 10-2.010 Definitions**. The board is amending section (1).

PURPOSE: This amendment includes changes in the definitions made by the board of trustees regarding the key terms within the Missouri Consolidated Health Care Plan.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. Therefore, the material which is so incorporated is on file with the agency who filed this rule, and with the Office of the Secretary of State. Any interested person may view this material at either agency's headquarters or the same will be made available at the Office of the Secretary of State at a cost not to exceed actual cost of copy reproduction. The entire text of the rule is printed here. This note refers only to the incorporated by reference material.

- (1) When used in *[this]* these rules or the plan document, these words and phrases have the meaning—
- (F) Benefits—Amounts payable by the plan as determined by the schedule of benefits and their limitations and exclusions [(22 CSR 10-2.040), (22 CSR 10-2.045), (22 CSR 10-2.050), (22 CSR 10-2.055), (22 CSR 10-2.060), (22 CSR 10-2.063), (22 CSR 10-2.064), (22 CSR 10-2.065), and (22 CSR 10-2.066)] as interpreted by the plan administrator;
- (H) Claims administrator—An organization or group responsible for the processing of claims and associated services for the **plan's self-insured benefit programs and** preferred provider organization (PPO) [and co-pay plans];
- (N) Dependents—The lawful spouse of the employee, the employee's unemancipated child(ren) and certain survivors of employees, as provided in *[this]* the plan document and these rules, for whom application has been made and has been accepted for participation in the plan;
- (O) Eligibility date—Refer to 22 CSR 10-2.020 for effective date provisions.
- 1. Newly-hired employees and their eligible dependents, or employees rehired after their participation terminates and their eligible dependents, are eligible to participate in the plan on the first day of the month following the employee's date of employment or reemployment.

- 2. Employees transferred from a department or other public entity with coverage under another medical care plan into a department or other public entity covered by this plan and their eligible dependents who were covered by the other medical care plan will be eligible for participation subject to [the provisions of 22 CSR 10-2.060(1)(Q)1.] any applicable pre-existing conditions as outlined in the plan document.
- 3. Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee before termination of participation, and their eligible dependents who were covered by the *[PPO]* plan, will be eligible for participation immediately.
- 4. Employees who terminate all employment with the state (not simply move from one agency to another) and are rehired as a new state employee in the subsequent month, and their eligible dependents who were covered by the *[PPO]* plan, will be eligible for participation retroactive to the date following termination of participation:
  - (P) Emancipated child(ren)—A child(ren) who is—
    - 1. Employed on a full-time basis;
    - 2. Eligible for group health benefits in his/her own behalf;
- 3. Maintaining a residence separate from his/her parents or guardian—except for full-time students in an accredited school or institution of higher learning; **or** 
  - 4. Married; [or]
- [5. Not dependent upon parents or guardian for at least fifty percent (50%) support;]

[(BB) Medicare HMO (risk contract)—An HMO exclusively for members residing in specified areas and covered by Medicare whereby benefits are provided in accordance with a plan approved by federal regulation;]

[(CC)] (BB) Nurse—A registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN). Nurse shall also include an employee of an institution operated principally for treating sick and injured persons through spiritual means which meets the requirements of a hospital as defined in this rule;

[(DD)] (CC) Open enrollment period—A period designated by the plan during which members may enroll, switch, or change their level of coverage in any of the available health care options with the new coverage becoming effective as of the beginning of the new plan year;

[(EE)] (DD) Out-of-area—Applies to claims of members living in specified zip code areas where the number of available providers does not meet established criteria;

[(FF)] (EE) Out-of-network—Providers that do not participate in the member's health plan;

[(GG)] (FF) Participant—Any employee or dependent [who has been] accepted for membership in the plan;

[(HH)] (GG) Physically or mentally disabled—The inability of a person to be self-sufficient as the result of a condition diagnosed by a physician as a continuing condition;

[(///)] (HH) Physician/Doctor—A licensed practitioner of the healing arts, acting within the scope of his/her practice as licensed under 334.021, RSMo;

[(JJ)] (II) Plan—The program of medical care benefits established by the trustees of the Missouri Consolidated Health Care Plan as authorized by state law;

[(KK)] (JJ) Plan administrator—The trustees of the Missouri Consolidated Health Care Plan;

[(LL)] (KK) Plan document—[This] The statement of the terms and conditions of the plan as adopted by the plan administrator in the applicable "Missouri Consolidated Health Care Plan Member Handbook" and incorporated by reference;

[(MM)] (LL) Plan year—Same as benefit year;

[(NN)] (MM) Point-of-service—A plan which provides a wide range of comprehensive health care services, like an HMO, if in-network providers are utilized, and like a PPO plan, if non-network providers are utilized;

[(OO)] (NN) Pre-admission testing—X-rays and laboratory tests conducted prior to a hospital admission which are necessary for the admission:

[(PP)] (OO) Preferred provider organization (PPO)—An arrangement with providers where discounted rates are given to members of the plan who, in turn, are offered a financial incentive to use these providers;

[(QQ)] (PP) Premium option—A set of covered benefits with specified co-payment and coinsurance amounts;

[(RR)] (QQ) Prior plan—The terms and conditions of a plan in effect for the period preceding coverage in the MCHCP;

[(SS)] (RR) Provider—Hospitals, physicians, chiropractors, medical agencies, or other specialists who provide medical care within the scope of his/her practice and are recognized under the provisions and administrative guidelines of the plan. Provider also includes a qualified practitioner of an organization which is generally recognized for health insurance reimbursement purposes and whose principles and practices of spiritual healing are well established and recognized;

[(TT)] (SS) Public entity—A state-sponsored institution of higher learning, political subdivision or governmental entity or instrumentality that has elected to join the plan and has been accepted by the board:

[(UU)] (TT) Review agency—A company responsible for administration of clinical management programs;

[(VV)] (UU) Second opinion program—A consultation and/or exam with a physician qualified to perform the procedure who is not affiliated with the attending physician/surgeon, for the purpose of evaluating the medical necessity and advisability of undergoing a surgical procedure or receiving a service;

[(WW)] (VV) Skilled nursing facility (SNF)—An institution which meets fully each of the following requirements:

- 1. It is operated pursuant to law and is primarily engaged in providing, for compensation from its patients, the following services for persons convalescing from sickness or injury: room, board and twenty-four (24) hour-a-day nursing service by one (1) or more professional nurses and nursing personnel as are needed to provide adequate medical care;
- 2. It provides the services under the supervision of a proprietor or employee who is a physician or registered nurse; and it maintains adequate medical records and has available the services of a physician under an established agreement, if not supervised by a physician or registered nurse; and
- 3. A skilled nursing facility shall be deemed to include institutions meeting the criteria in subsection (1)(VV) of this rule which are established for the treatment of sick and injured persons through spiritual means and are operated under the authority of organizations which are recognized under Medicare (Title I of Public Law 8997);

[(XX) Staff model—A set of covered benefits established by the HMO similar to the premium and standard options, but with varying co-payment and coinsurance amounts;]

[(YY)] (WW) Standard option—A set of covered benefits similar to the premium option, but with higher co-payment and coinsurance amounts;

[(ZZ)] (XX) State—Missouri;

[(AAA)] (YY) Unemancipated child(ren)—A natural child(ren), a legally adopted child(ren) or a child(ren) placed for adoption, and a dependent disabled child(ren) over twenty-three (23) years of age (during initial eligibility period only and appropriate documentation may be required by the plan), and the following:

- 1. Stepchild(ren);
- 2. Foster child(ren) for whom the employee is responsible for health care:
- 3. Grandchild(ren) for whom the employee has legal custody and is responsible for providing health care;
- 4. Other child(ren) for whom the employee is legal custodian subject to specific approval by the plan administrator. [This child(ren) must rely on the parent/custodian for his/her major financial support (appropriate documentation may be

required).] Except for a disabled child(ren) as described in subsection (1)(GG) of this rule, an unemancipated child(ren) is eligible from birth to the end of the month in which s/he is emancipated, as defined here, or attains age twenty-three (23) (twenty-five (25) if attending school full-time and the public entity joining the plan had immediate previous coverage allowing this provision) (see 22 CSR 10-2.020(5)(D)2. for continuing coverage on handicapped child(ren) beyond age twenty-three (23)); and

5. Stepchild(ren) who are not domiciled with the employee, provided the natural parent who is legally responsible for providing coverage is also covered as a dependent under the plan; and

[(BBB)](ZZ) Usual, customary, and reasonable charge.

- 1. Usual—The fee a physician most frequently charges the majority of his/her patients for the same or similar services;
- 2. Customary—The range of fees charged in a geographic area by physicians of comparable skills and qualifications for the same performance of similar service;
- Reasonable—The flexibility to take into account any unusual clinical circumstances involved in performing a particular service;
   and
- 4. A formula is used to determine the customary maximum. The customary maximum is the usual charge submitted by ninety percent (90%) of the doctors for ninety percent (90%) of the procedures reported.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: There is a potential for some individual state members to incur additional costs in excess of five hundred dollars (\$500) due to the changes in some of the co-payment levels. However, it is impossible to accurately estimate the number of persons this would impact or the associated costs because it will be dependent upon the plan chosen and the amount and type of individual health care needs that arise during the year. Higher co-payments for pharmacy could be offset in some cases if members switch to generic drugs when possible. Higher co-payments for medical benefits could also be offset if the co-payment exceeds fifty (50%) percent of the cost of the service.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# FISCAL NOTE PRIVATE ENTITY COST

## I. RULE NUMBER

Title: 22 - Missouri Consolidated Health Care Plan

Division: Division 10

Chapter: Chapter 2

Type of Rulemaking: Proposed Amendment to Rule

Rule Number and Name: 2.010 Definitions

# II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by adoption of the proposed rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
Percentage of 104,121 state members using pharmacy benefits	Individuals enrolled in the MCHCP	\$ 4.3 Million
Percentage of 104,121 state members using medical benefits	Individuals enrolled in the MCHCP	\$ 7.06 Million

# III. WORKSHEET

The plan design is being modified to counter increases in cost and utilization.

The co-payment amount for brand prescriptions on the formulary is increasing from \$20 to \$25, and the co-payment amount for non-formulary drugs is increasing from \$35 to \$40.

The co-payment amount for office visits is increasing from \$20 to \$30 for the standard HMO plans and from \$10 to \$20 for the premium HMO plans. The co-payment amounts for hospitalizations are increasing from \$200 to \$400 for the standard HMO plans and from \$0 to \$200 for the premium HMO plans.

# IV. ASSUMPTIONS

It is estimated that the change in coverage for the pharmacy benefit will cost all state members approximately a total \$ 4.3 million. These amounts are based upon current utilization patterns and the resulting actuarial projections for next year using the revised plan design.

It is estimated that the change in coverage for the medical benefit will cost all state members approximately a total \$ 7.06 million. This amount is based upon the estimated utilization rates for calendar year 2001

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

### PROPOSED AMENDMENT

**22** CSR 10-2.020 Membership Agreement and Participation Period. The board is amending subparagraph (4)(B)3.A., paragraphs (7)(B)3. and 4. and paragraph (8)(A)7.

PURPOSE: This amendment includes changes in the membership agreement and participation period made by the board of trustees regarding the Missouri Consolidated Health Care Plan.

- (4) The effective date of participation shall be determined, subject to the effective date provision in subsection (4)(C), as follows:
- (B) Dependent Coverage. Dependent participation cannot precede the employee's participation. Application for participants must be made in accordance with the following provisions. For family coverage, once an employee is participating with respect to dependents, newly acquired dependents are automatically covered on their effective dates as long as the plan administrator is notified within thirty-one (31) days of the person becoming a dependent. The employee is required to notify the plan administrator on the appropriate form of the dependent's name, date of birth, eligibility date and Social Security number, if available. Claims will not be processed until the required information is provided;
- 1. If an employee makes concurrent application for dependent participation on or before the date of eligibility or within thirty-one (31) days thereafter, participation for dependent will become effective on the date the employee's participation becomes effective;
- 2. When an employee participating in the plan first becomes eligible with respect to a dependent child(ren), coverage may become effective on the eligibility date or the first day of the month coinciding with or following the date of eligibility if application is made within thirty-one (31) days of the date of eligibility and provided any required contribution for the period is made; and
  - 3. Unless required under federal guidelines—
- A. An emancipated dependent who regains his/her dependent status is [not] immediately eligible for coverage [until the next open enrollment period] if an application is submitted within thirty-one (31) days of regaining dependent status; and
- B. An eligible dependent that is covered under a spouse's health plan who loses eligibility under the criteria stipulated for dependent status under the spouse's health plan is not eligible for coverage until the next open enrollment period. (Note: Subparagraphs (4)(B)3.A. and B. do not include dependents of retirees or long-term disability members covered under the plan.)
- (7) Continuation of Coverage.
- (B) Employee Eligible for Retirement Benefits. Any employee who, at the time of termination of employment, met the following—
  - 1. Eligibility Criteria:
- A. Coverage through MCHCP since the effective date of the last open enrollment period;
- B. Other health insurance for the six (6) months immediately prior to the termination of state employment—proof of insurance is required; or
  - C. Coverage since first eligible;
- 2. Immediately eligible to receive a monthly retirement benefit from the Missouri State Employees' Retirement System, Public School Retirement System, the retirement system of a participating public entity, or the Highway Retirement System may elect to continue to participate in the plan by paying the cost of plan benefits as determined by the plan administrator. An employee must apply for continued coverage within thirty-one (31) days of the first day of the month following the date of retirement. An employee, continuing

coverage under this provision, may also continue coverage for eligible dependents.

- A. If a member participates in the MCHCP as a vested member, his/her dependents may also participate if they meet one of the following criteria:
- (I) They have had coverage through MCHCP since the effective date of the last open enrollment period;
- (II) They have had other health insurance for the six (6) months immediately prior to state employment termination—proof of insurance is required; or
  - (III) They have had coverage since they were first eligible;
- 3. In the case of the death of a retiree who was maintaining dependent coverage under this provision, the dependent of the deceased retiree may continue his/her participation under the plan. However, retirees, long-term disability recipients and their dependents are not later eligible if they discontinue their coverage at some future time[.], except as noted in (7)(B)4;
- 4. A vested or retired member may elect to suspend their coverage upon entry into the armed forces of any country by submitting a copy of their activation papers within thirty-one (31) days of their activation date. Coverage will be suspended the first of the month following the month of activation. Coverage may be reinstated at the same level upon discharge by submitting a copy of their separation papers and a completed enrollment form within thirty-one (31) days of their separation date. Coverage will be reinstated as of the first of the month following the month of separation.
- (8) Federal Consolidated Omnibus Budget Reconciliation Act (COBRA).
- (A) In accordance with the COBRA, eligible employees and their dependents may continue their medical coverage after the employee's termination date.
- 1. Employees terminating for reasons other than gross misconduct may continue coverage for themselves and their covered dependents for eighteen (18) months at their own expense.
- 2. A surviving spouse and dependents, not normally eligible for continued coverage, may elect coverage for up to thirty-six (36) months at their own expense.
- 3. A divorced spouse may continue coverage at his/her own expense for up to thirty-six (36) months if the plan administrator is notified within sixty (60) days from the date coverage would terminate
- 4. Dependent spouse and/or child(ren) may continue coverage up to thirty-six (36) months if the covered employee retires and the dependent spouse/child(ren) has not been covered by the plan for two (2) years
- 5. Children who would no longer qualify as dependents may continue coverage for up to thirty-six (36) months at their (or their parent's/guardian's) expense if the plan administrator is notified within sixty (60) days of the loss of the dependent's eligibility.
- 6. Employees who are disabled at termination or become disabled during the first sixty (60) days of coverage may continue coverage for up to twenty-nine (29) months.
- 7. Premiums for continued coverage will be one hundred two percent (102%) of the **health plan** rate *[under the regular PPO plan]*, one hundred fifty percent (150%) if disabled. Once coverage is terminated under the COBRA provision it cannot be reinstated.
- $8.\ All\ operations\ under\ the\ COBRA\ provision\ will\ be\ applied\ in\ accordance\ with\ federal\ regulations.$

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, P.O. Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

### PROPOSED RESCISSION

**22** CSR **10-2.040** PPO Plan Summary of Medical Benefits. This rule provided a summary of the medical benefits under the PPO plan.

PURPOSE: This rule is being rescinded as this benefit plan is no longer available.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED AMENDMENT

**22** CSR **10-2.045** Co-Pay and PPO Plan [Summary of Medical Benefits] Summaries. The board is deleting sections (1)–(6) and section (9) and renumbering sections (7) and (8) of this rule.

PURPOSE: This amendment includes changes made by the board of trustees regarding medical benefits for participants in the Missouri Consolidated Health Care Plan Co-Pay and PPO Plans.

(1) Lifetime Maximum:

- (A) Network-no limit.
- (B) Out-of-Network, Out-of-Area-three (3) million dollars.
- (2) Automatic Annual Reinstatement—Maximum, five thousand dollars (\$5,000).
- (3) Non-Network and Out-of-Area Deductible Amount
  - (A) Network-zero.
- (B) Out-of-Network, Out-of-Area—three hundred dollars (\$300) individual, nine hundred dollars (\$900) family, per calendar year.

### (4) Coinsurance.

(A) Individual—

- 1. Network—Eighty percent (80%) coinsurance applies to specific benefits. After satisfying the two thousand dollar (\$2,000) individual out-of-pocket maximum, claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year. Please refer to the schedule of benefits.
- 2. Non-network—Seventy percent (70%) coinsurance applies to covered services. After satisfying the four thousand five hundred dollar (\$4,500) individual out-of-pocket maximum, claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year
- 3. Out-of-area—Eighty percent (80%) coinsurance applies to covered services after satisfying one thousand five hundred dollar (\$1,500) individual out-of-pocket maximum. Claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year.

(B) Family —

- 1. Network—Eighty percent (80%) coinsurance applies to specific benefits. After satisfying the six thousand dollar (\$6,000) family out-of-pocket maximum, claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year. Please refer to the schedule of benefits.
- 2. Non-network—Seventy percent (70%) coinsurance applies to covered services. After satisfying the nine thousand dollar (\$9,000) family out-of-pocket maximum, claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year.
- 3. Out-of-area—Eighty percent (80%) coinsurance applies to covered services after satisfying three thousand dollar (\$3,000) family out-of-pocket maximum. Claims will be paid at one hundred percent (100%) of any excess of covered charges in the calendar year.
- (C) Non-Network Services—Same as subsections (4)(A) and (B) of this rule, except covered charges are reimbursed on a seventy percent (70%) basis.
- (5) The employee or dependent will only be responsible for a fifteen dollar (\$15) co-payment for an office visit for covered services if a physician or provider is utilized who is enrolled in a preferred provider network that has contracted with the plan administrator.
- (6) Hospital Room Charges—The hospital's most common charge for semi-private accommodations, unless a private room has been recommended by a physician and approved by the claims administrator or the plan's medical review agency.]
- [(7)] (1) Clinical Management—Certain benefits are subject to a utilization review (UR) program. The program consists of four (4) parts, as described in the following:

- (A) Precertification—The medical necessity of a non-emergency hospital admission, specified procedures as documented in the claims administrator's guidelines, and/or skilled nursing services provided on an inpatient basis must be prior authorized by the appropriate review agency. For emergency hospital admissions, the review agency must be notified within forty-eight (48) hours of the admission. Retirees and other participants for whom Medicare is the primary payor are not subject to this provision;
- (B) Concurrent Review—The review agency will continue to monitor the medical necessity of the admission and approve the continued stay in the hospital. Retirees and other participants for whom Medicare is the primary payor are not subject to this provision;
- (C) Large Case Management—Members that require long-term acute care may be offered the option of receiving the care, if appropriate, in a more cost-effective setting such as a skilled nursing facility or their own home. In some cases this may require coverage for benefits that normally are not covered under the plan. These benefits may be provided through the approval of the claims administrator;
- (D) Hospital Bill Audits—Certain hospital bills will be subject to review to verify that the services billed were actually provided and/or the associated billed amounts are accurate and appropriate; and
- (E) Penalties—Members not complying with subsections [[7]](1)(A) and (B) of this rule may be subject to a financial penalty in connection with their covered benefits. (Note: The utilization review program will be operated in accordance with the administrative guidelines.)
- [(8)] (2) Participants eligible for Medicare who are not eligible for this plan as their primary plan, shall be eligible for benefits no less than those benefits for participants not eligible for Medicare. For such participants who elect to continue their coverage, benefits of this plan shall be coordinated with Medicare benefits on the then standard coordination of benefits basis to provide up to one hundred percent (100%) reimbursement for covered charges.
- (A) If a participant eligible for Medicare who is not eligible for this plan as the primary plan is not covered by Medicare, an estimate of Medicare Part A and/or Part B benefits shall be made and used for coordination or reduction purposes in calculating benefits. Benefits will be calculated on a claim submitted basis so that if, for a given claim, Medicare reimbursement was for more than the benefits provided by this plan without Medicare, the balance will not be considered when calculating subsequent claims; and
- (B) If any retired participants or long-term disability recipients, their eligible dependents or surviving dependents eligible for coverage elect not to be continuously covered from the date first eligible, or do not apply for coverage within thirty-one (31) days of their eligibility date, they shall not thereafter be eligible for coverage.
- [(9) Prescription Drug Program—The co-pay plan provides coverage for prescription drugs, as described in the following:
  - (A) Medications.
    - 1. In-Network.
- A. Ten dollar (\$10) co-pay for thirty (30)-day supply for generic drug on the formulary.
- B. Twenty dollar (\$20) co-pay for thirty (30)-day supply for brand drug on the formulary.
- C. Thirty-five dollar (\$35) co-pay for thirty (30)-day supply for non-formulary drug.
- 2. Prescriptions filled with a brand drug when a generic is available will be subject to the generic co-payment amount and the member must also pay the difference in the cost between the generic and brand drugs.
- 3. Mail Order Program—Prescriptions may be filled through a mail order program for up to a ninety (90)-day supply for twice the regular co-payment.

(B) Non-Network Pharmacies—If a member chooses to use a non-network pharmacy, s/he will be required to pay the full cost of the prescription, then file a claim with the prescription drug administrator. S/he will be reimbursed the amount that would have been allowed at an in-network pharmacy, less any applicable co-payment. Any difference between the amount paid by the member at a non-network pharmacy and the amount that would have been allowed at an in-network pharmacy will not be applied to the out-of-pocket maximum.]

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expires June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED RESCISSION

22 CSR 10-2.050 PPO Plan Benefit Provisions and Covered Charges. This rule provided a summary of the benefit provisions and covered charges under the PPO plan.

PURPOSE: This rule is being rescinded as this benefit plan is no longer available.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must

be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

### PROPOSED AMENDMENT

22 CSR 10-2.055 Co-Pay and PPO Plan Benefit Provisions and Covered Charges. The board is amending this rule in regard to the modified benefit provisions and covered charges.

PURPOSE: This amendment includes changes made by the board of trustees regarding benefit provisions and covered charges in the Missouri Consolidated Health Care Plan Co-Pay and PPO Plans.

# [(1) Covered Charges.

- (A) Allergy Injections—Fifteen dollar (\$15) co-payment for office visit also covers injection. Ten dollar (\$10) co-payment per injection received if not during office visit.
- (B) Ambulance Service—Ground services covered with fifty dollar (\$50) co-payment if medically necessary or with prior approval. Air services covered on same basis, twenty percent (20%) coinsurance and deductible for non-emergencies.
- (C) Birth Control Pills—Birth control pills on the formulary covered at one hundred percent (100%). Not covered out-of-network.
- (D) Chiropractic Benefits—Charges subject to fifteen dollar (\$15) co-payment; fifty dollar (\$50) co-pay per visit maximum, two thousand dollar (\$2,000) annual maximum (out-of-network only).
- (E) Complications—Normally covered charges arising as a complication of a noncovered service.
- (F) Dental Care—Treatment to reduce trauma as a result of accidental injury and restorative services that are a result of that injury. Fifteen dollar (\$15) office visit co-pay, regardless of where services are rendered.
- (G) Durable Medical Equipment—Twenty percent (20%) coinsurance. Coverage for certain prosthetic devices and durable medical equipment, including customized orthotics.
- (H) Emergency Care—Fifty dollar (\$50) co-payment in or out of service area. Waived if admitted.
- (I) Eye Care—Treatment of disease or to reduce trauma as a result of accident. Annual exam covered with a fifteen dollar (\$15) co-payment.
- (J) Growth Hormone Therapy—Subject to twenty percent (20%) coinsurance, medical necessity and prior authorization.
- (K) Hearing Aids and Testing—Covered once every two (2) years, subject to twenty percent (20%) co-payment and fifteen dollar (\$15) co-payment for annual hearing test.
- (L) Home Health Care—Covered when authorized by claims administrator.
  - (M) Hospice Care—Covered with prior authorization.
- (N) Hospital Benefit for Mental and Nervous Disorder— One hundred dollar (\$100) co-payment per admission. Four hundred dollar (\$400) annual inpatient hospital maximum. Must be pre-certified.
- (O) Hospital Benefits for Chemical Dependency—One hundred dollar (\$100) co-payment per admission. Four hundred dollar (\$400) annual inpatient hospital maximum. Must be precertified.

- (P) Hospital Room and Board—One hundred dollar (\$100) co-payment per admission. Four hundred dollar (\$400) annual maximum. Must be precertified.
- (Q) Injections—All injections provided in full (except allergy and contraceptive injections).
- (R) Infertility—Coverage limited to fifty percent (50%) for in vivo services, including provider, and prescription drug charges. Exclusions include reversals of voluntary sterilization, in vitro fertilization, gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT). Not covered out-of-network. Deductible applies to out-of-area.
- (S) Maternity Coverage—Fifteen dollar (\$15) co-payment for initial visit. All other prenatal visits, delivery costs and routine post-natal visits covered at one hundred percent (100%). No travel exclusions, restrictions or limitation allowed
  - (T) Nutrient Supplement-Not covered out-of-network.
- (U) Organ Transplants—The following organ transplants covered at one hundred percent (100%) through the National Transplant Program: bone marrow, cornea, kidney, liver, heart, lung, pancreas, intestinal, or any combination, when:
  1) neither experimental nor investigational, and 2) medically necessary as determined by the claims administrator. Donor expenses are covered. No waiting periods allowed. Non-network and out-of-area limited to maximum surgical schedule.
- (V) Outpatient Diagnostic Lab and X-Ray—Provided in full. (W) Outpatient Mental and Nervous Disorder and Chemical Dependency—Fifteen dollar (\$15) co-payment per visit.
- (X) Oxygen—(Outpatient) Subject to twenty percent (20%) coinsurance. Covered under Durable Medical Equipment.
- (Y) Physical Therapy and Rehabilitation Services—Ten dollar (\$10) co-payment per visit for outpatient therapy. Limited to sixty (60) visits per incident. Additional visits if medically necessary.
  - (Z) Physician Charges.
    - 1. Inpatient—Provided in full.
- 2. Outpatient—Provided in full after fifteen dollar (\$15) co-payment per office visit.
- 3. Internet—Covered when enrolled in the Care Support Program and registered for the service.
- (AA) Plan Maximum—Not applicable for network services, out-of-network and out-of-area limited to three (3) million dollars with five thousand dollar (\$5,000) reinstatement.
- (BB) Prescription Drugs—Insulin, syringes, test strips and glucometers are included in this coverage. There is no out-of-pocket maximum. Member is responsible only for the lesser of the applicable co-payment or the cost of the drug.
- 1. Ten dollar (\$10) co-pay for thirty (30)-day supply for generic drug on the formulary.
- 2. Twenty dollar (\$20) co-pay for thirty (30)-day supply for brand drug on the formulary.
- 3. Thirty-five dollar (\$35) co-pay for thirty (30)-day supply for non-formulary drug.
- 4. Ninety (90)-day supply of medication for two (2) copayments (mail order only).
- (CC) Preventive Services—Annual physical exams, mammograms (subject to schedule), pap smears, well-baby care, immunizations. Annual well-woman exam without referral to a network provider.
- (DD) Prosthetics—Provided in full for initial placement. Twenty percent (20%) coinsurance for coverage for repair or replacement due to change in medical condition.
- (EE) Skilled Nursing—Provided in full. Limited to one hundred and twenty (120) days.

# (FF) Surgery.

- 1. Inpatient—Provided in full.
- 2. Outpatient Fifty dollar (\$50) co-payment.]

#### (1) Benefit Provisions.

- (A) Subject to the plan provisions and limitations and the written application of the employee, the benefits are payable for covered charges incurred by a participant while covered under the co-pay or PPO plan, provided the deductible requirement, if any, is met.
- (B) Any deductible requirement applies each calendar year to covered charges. The requirement is met as soon as covered charges incurred in a calendar year, which are not paid in part or in whole by the plan, equals the deductible amount.
- (C) Any family deductible requirement is met as soon as covered charges in a calendar year, which are not paid in part or in whole by the plan, equals the family deductible requirement.
- (D) The total amount of benefits payable for all covered charges incurred out-of-network during an individual's lifetime shall not exceed the lifetime maximum.
- (E) If both husband and wife are participating separately as employees under this plan, the family deductible and benefit features shall nevertheless apply to the benefit of the family unit.

# (2) Covered Charges.

- (A) Only charges for those services which are incurred as medical benefits and supplies which are medically necessary and customary, including normally covered charges arising as a complication of a noncovered service, and which are:
- 1. Prescribed by a doctor or provider for the therapeutic treatment of injury or sickness;
  - 2. To the extent they do not exceed any limitation;
  - 3. Not excluded by the limitations; and
- 4. For not more than the usual, reasonable, and customary charge as determined by the claims administrator for the services provided, will be considered covered charges.
- (B) To determine if services and/or supplies are medically necessary and customary and if charges are not more than usual, reasonable, and customary, the claims administrator will consider the following:
- 1. The medical benefits or supplies usually rendered or prescribed for the condition; and
- 2. The usual, reasonable, and customary charges in the area in which services and/or supplies are provided.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expired June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

PROPOSED RESCISSION

**22 CSR 10-2.060 PPO and Co-Pay Plan Limitations**. This rule provided the limitations of the PPO and Co-Pay plans.

PURPOSE: This rule is being rescinded as the information is contained in the Plan Document.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED RESCISSION

22 CSR 10-2.063 HMO/POS Premium Option Summary of Medical Benefits. This rule provided a summary of the medical benefits under the HMO/POS Premium Option.

PURPOSE: This rule is being rescinded as the information is contained in the Plan Document.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

#### PROPOSED RESCISSION

22 CSR 10-2.064 HMO/POS Standard Option Summary of Medical Benefits. This rule provided a summary of the medical benefits of the HMO/POS Standard Option.

PURPOSE: This rule is being rescinded as the information is contained in the Plan Document.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 12, 2000, effective Jan. 1, 2001, expires June 29, 2001. Original rule filed Dec. 12, 2000, effective June 30, 2001. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED RESCISSION

 $22\ CSR\ 10\mbox{-}2.067\ HMO\ and\ POS\ Limitations.$  This rule provided the limitations of the HMO and POS plans.

PURPOSE: This rule is being rescinded as the information is contained in the Plan Document.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the Code of State Regulations. Emergency rescission filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Rescinded: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed rescission is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed rescission will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rescission with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box

104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED AMENDMENT

**22 CSR 10-2.075 Review and Appeals Procedure**. The board is amending section (5) and paragraph (5)(B)2.

PURPOSE: This amendment includes changes made by the board of trustees regarding the review and appeals procedure of the Missouri Consolidated Health Care Plan.

- (5) All insured members of the Missouri Consolidated Health Care Plan (MCHCP) shall use the claims and administration procedures established by the health maintenance organization (HMO), point-of-service (POS), [orl] preferred provider organization (PPO) or co-pay health plan contract applicable to the insured member. Only after these procedures have been exhausted may the insured appeal to the Missouri Consolidated Health Care Plan Board of Trustees to review the decision of the health plan contractor.
- (B) The board may utilize a hearing officer, such as the Administrative Hearing Commission, to conduct a fact-finding hearing and make proposed findings of fact and conclusions of law.
  - 1. The hearing will be scheduled by the MCHCP.
- 2. The parties to the hearing will be the insured and the applicable health plan [contractor].
- 3. All parties shall be notified, in writing of the date, time and location of the hearing.
- 4. All parties shall have the right to appear at the hearing and submit written or oral evidence. The appealing party shall be responsible for all copy charges incurred by MCHCP in connection with any documentation that must be obtained through the MCHCP. These fees will be reimbursed should the party prevail in his/her appeal. They may cross-examine witnesses. They need not appear and may still offer written evidence. The strict rules of evidence shall not apply.
- 5. The party appealing to the board shall carry the burden of proof.
- 6. The independent hearing officer shall propose findings of fact and conclusions of law, along with its recommendation, to the board. Copies of the summary, findings, conclusions and recommendations shall be sent to all parties.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 21, 1994, effective Jan. 1, 1995, expired April 30, 1995. Emergency rule filed April 13, 1995, effective May 1, 1995, expired Aug. 28, 1995. Original rule filed Dec. 21, 1994, effective June 30, 1995. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies and political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must

be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

# Title 22—MISSOURI CONSOLIDATED HEALTH CARE PLAN Division 10—Health Care Plan Chapter 2—Plan Options

# PROPOSED AMENDMENT

**22 CSR 10-2.080 Miscellaneous Provisions**. The board is amending section (2).

PURPOSE: This amendment includes changes made by the board of trustees regarding the miscellaneous provisions of the Missouri Consolidated Health Care Plan.

(2) Facility of Payment. Preferred provider organization (PPO) and co-pay plan benefits will be paid to the employee if living and capable of giving a valid release for the payment due. If the participant, while living, is physically, mentally or for any other reason incapable of giving a valid release for any payment due, the claims administrator at his/her option, unless and until request is made by the duly appointed guardian, may pay benefits which may become due to any blood relative or relative connected by marriage to the participant, or to any other person or institution appearing to the claims administrator to have assumed responsibility for the affairs of the participant. Any payments made by the claims administrator in good faith pursuant to this provision shall fully discharge the claims administrator to the extent of the payment. Any benefit unpaid at the time of the employee's death will be paid to the employee's estate. If any benefits shall be payable to the estate of the employee, the claims administrator may pay these benefits to any relative by blood or connection by marriage of the employee who is deemed by the claims administrator to be equitably entitled to it. Any payments made by the claims administrator in good faith pursuant to this provision shall fully discharge the claims administrator to the extent of this payment. Subject to any acceptable written direction and assignment by the employee, any benefits provided, at the claims administrator's [opinion] option, may be paid directly to an eligible provider rendering covered services; but it is not required that the service be rendered by a particular provider.

AUTHORITY: section 103.059, RSMo 2000. Emergency rule filed Dec. 16, 1993, effective Jan. 1, 1994, expired April 30, 1994. Emergency rule filed April 4, 1994, effective April 14, 1994, expired Aug. 11, 1994. Original rule filed Dec. 16, 1993, effective July 10, 1994. For intervening history, please consult the Code of State Regulations. Emergency amendment filed Dec. 20, 2002, effective Jan. 1, 2003, expires June 29, 2003. Amended: Filed Dec. 20, 2002.

PUBLIC COST: The fiscal impact of this proposed amendment is estimated to be less than five hundred dollars (\$500) in the aggregate for state agencies or political subdivisions.

PRIVATE COST: This proposed amendment will not cost private entities more than five hundred dollars (\$500) in the aggregate.

NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed amendment with the Missouri Consolidated Health Care Plan, Ron Meyer, PO Box 104355, Jefferson City, MO 65110. To be considered, comments must be received within thirty (30) days after publication of this notice in the Missouri Register. No public hearing is scheduled.

This section will contain the final text of the rules proposed by agencies. The order of rulemaking is required to contain a citation to the legal authority upon which the order of rulemaking is based; reference to the date and page or pages where the notice of proposed rulemaking was published in the *Missouri Register*, an explanation of any change between the text of the rule as contained in the notice of proposed rulemaking and the text of the rule as finally adopted, together with the reason for any such change; and the full text of any section or subsection of the rule as adopted which has been changed from that contained in the notice of proposed rulemaking. The effective date of the rule shall be not less than thirty (30) days after the date of publication of the revision to the *Code of State Regulations*.

he agency is also required to make a brief summary of the general nature and extent of comments submitted in support of or opposition to the proposed rule and a concise summary of the testimony presented at the hearing, if any, held in connection with the rulemaking, together with a concise summary of the agency's findings with respect to the merits of any such testimony or comments which are opposed in whole or in part to the proposed rule. The ninety (90)-day period during which an agency shall file its order of rulemaking for publication in the Missouri Register begins either: 1) after the hearing on the proposed rulemaking is held; or 2) at the end of the time for submission of comments to the agency. During this period, the agency shall file with the secretary of state the order of rulemaking, either putting the proposed rule into effect, with or without further changes, or withdrawing the proposed rule.

Title 1—OFFICE OF ADMINISTRATION
Division 20—Personnel Advisory Board and Division of
Personnel
Chapter 2—Classification and Pay Plans

# ORDER OF RULEMAKING

By the authority vested in the Personnel Advisory Board under section 36.070, RSMo 2000, the board withdraws a rule as follows:

1 CSR 20-2.015 Broad Classification Bands for Managers is withdrawn.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on January 16, 2003 (28 MoReg 128). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The Personnel Advisory Board is refiling this amendment.

Title 2—DEPARTMENT OF AGRICULTURE Division 90—Weights and Measures Chapter 22—Packaging and Labeling

# ORDER OF RULEMAKING

By the authority vested in the director of agriculture under section 413.065, RSMo Supp. 2002, the director amends a rule as follows:

2 CSR 90-22.140 NIST Handbook 130, Uniform Packaging and Labeling Regulation is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2002 (27 MoReg 1868). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 2—DEPARTMENT OF AGRICULTURE Division 90—Weights and Measures Chapter 23—Inspection of Packaged Commodities

### ORDER OF RULEMAKING

By the authority vested in the director of agriculture under section 413.065, RSMo Supp. 2002, the director amends a rule as follows:

2 CSR 90-23.010 NIST Handbook 133, Technical Procedures and Methods for Measuring and Inspecting Packages or Amounts of Commodities is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2002 (27 MoReg 1868–1869). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 2—DEPARTMENT OF AGRICULTURE Division 90—Weights and Measures Chapter 25—Price Verification

# ORDER OF RULEMAKING

By the authority vested in the director of agriculture under section 413.065, RSMo, Supp. 2002, the director amends a rule as follows:

2 CSR 90-25.010 Price Verification Procedures is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 15, 2002 (27 MoReg 1869). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges,
Permits, Standards

#### ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.353 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1445–1447). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Conservation received twenty-seven (27) written comments, one (1) e-mail message and six (6) telephone contacts regarding the proposed amendment.

COMMENT: Twenty-four (24) expressed opposition to mandatory enrollment—for operations not moving live elk or deer—in Missouri's chronic wasting disease program.

RESPONSE: Final regulations address chronic wasting disease concerns associated with the movement of animals without requiring mandatory enrollment.

COMMENT: Twenty-four (24) expressed opposition to mandatory testing of one hundred percent (100%) of animals that die after September 1, 2002.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year).

COMMENT: One recommended that regulations be clarified and focused only on elk, elk-hybrids, mule deer, and white-tailed deer—eliminate wording "any cervid." Eliminate inconsistency with Department of Agriculture.

RESPONSE: Final regulations clarify wording, while continuing to address species known to be susceptible to chronic wasting disease, to be consistent with Department of Agriculture's requirements.

COMMENT: Five (5) expressed concerns over associated costs of testing animals.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year). In addition, final regulations do not require mandatory enrollment in Missouri's chronic wasting disease monitoring program.

COMMENT: Two (2) recommended that facilities not importing or exporting live animals should: (1) not be required to tag animals currently in the herd, and (2) continue to be required to test appropriate number of elk and deer over twelve (12) months of age that die of any cause for chronic wasting disease.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year). In addition, final regulations do not require mandatory enrollment—tagging/marking of animals in existing herd—in Missouri's chronic wasting disease monitoring program.

COMMENT: One recommended that elk, elk-hybrids, mule deer and white-tailed deer imported into a facility operating under a Department of Conservation permit be required to come from a CWD-monitored herd. Then through a process of "ramping up" require importation in 2005 to come from herds that have been monitored for at least three (3) years.

RESPONSE: Final regulations have taken steps to strengthen intrastate standards for elk, elk-hybrids, mule deer and white-tailed deer introduced into facilities operating under department permit by incorporating a "ramping-up" monitoring situation.

COMMENT: Six (6) expressed a desire to have more restrictive importation conditions for deer and elk entering captive facilities. RESPONSE: Final regulations have taken steps to strengthen both intra and interstate standards for elk, elk-hybrids, mule deer and white-tailed deer introduced into a facility operating under a department permit.

COMMENT AND EXPLANATION OF CHANGE: The Department of Conservation did a thorough review of the comments and has coordinated with Department of Agriculture officials and stakeholder groups. Final regulations have incorporated changes that: (1) continue to address chronic wasting disease concerns, (2) address inconsistencies with the Department of Agriculture, and (3) give consideration to concerns identified during the public comment period. These changes are reflected in the language of the rule.

# 3 CSR 10-9.353 Privileges of Class I and Class II Wildlife Breeders

- (3) All elk, elk-hybrids, mule deer, and white-tailed deer, defined as Class I wildlife in 3 CSR 10-9.230, introduced into a Class I wildlife breeder operation shall meet the following requirements:
- (A) Animals shall be tagged or marked in a method allowing individual animal identification.
- (B) Animals imported into Missouri must come from a herd that is enrolled and has achieved a status three (3) or higher in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—three (3) years of surveillance, advancement, and successful completion of program requirements.
- (C) Animals from within Missouri must come from a herd comprised of animals enrolled in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program. Effective January 1, 2004, the minimum herd status requirement will annually increase by one (1) level until January 1, 2006 when all introduced animals shall come from herds that have achieved a status three (3) or higher—three (3) years of surveillance, advancement, and successful completion of program requirements.
- (4) Effective January 1 of each year, one hundred percent (100%) of all elk, elk-hybrids, mule deer, and white-tailed deer, defined as Class I wildlife in 3 CSR 10-9.230, over twelve (12) months of age that die of any cause within a Class I wildlife breeder operation, shall be tested for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate, except:
- (A) Class I wildlife breeder operations that have not introduced, during the past three (3) years, any elk, elk-hybrids, mule deer or white-tailed deer from a herd having a status less than three (3) as documented through a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—three (3) years of surveillance, advancement, and successful completion of program requirements.
- (B) Elk, elk-hybrids, mule deer, and white-tailed deer documented through Missouri's Chronic Wasting Disease Monitoring Program as status five (5) herds—five (5) years of surveillance, advancement, and successful completion of program requirements.
- (5) All permits issued by the state veterinarian's office allowing cervids to enter Missouri and all chronic wasting disease test results must be kept by the permittee and are subject to inspection by an agent of the department at any reasonable time. All test results documenting a positive case of chronic wasting disease shall be reported immediately to an agent of the department.
- (6) The wildlife may be used, sold, given away, transported or shipped; provided, that state and federally-designated endangered species may not be sold without the written approval of the director; that skunks may not be imported, bought, sold, transported, given away or otherwise disposed of; that live raccoons, foxes and coyotes may not be imported; and that wildlife may be sold or given away only to the holder of the appropriate permit, where required, except as provided in section (10) of this rule.

- (7) Cities, towns and counties may establish ordinances further restricting or prohibiting ownership of Class II wildlife, with approval of the department. In instances where prohibitions apply, no permit will be issued by the department. Persons possessing Class II wildlife must comply with all requirements of section 578.023, RSMo.
- (8) No Class I or Class II wildlife breeder permit is required for wildlife legally held by circuses, publicly-owned zoos or *bona fide* research facilities; however, those wildlife may not be held for personal use. Physical contact between humans and Class I and Class II wildlife in circuses must be restricted to the handlers, performers or other circus employees.
- (9) Any sale, shipment or gift of wildlife by a Class I or Class II wildlife breeder shall be accompanied by a written statement giving his/her permit number and showing the number of each species and the name and address of the recipient. No wildlife of any kind may be liberated unless specific permission has been granted on written application to the conservation agent in the district where the release is to be made.
- (10) Wildlife, except skunks, foxes, coyotes and raccoons may be shipped, transported or consigned to a wildlife breeder by nonresidents without a Missouri wildlife breeder permit, but that wildlife shall be accompanied by appropriate permit or other proof of legality in the state of origin. Persons purchasing wildlife at consignment sales shall obtain a wildlife hobby or appropriate wildlife breeder permit prior to the purchase, except nonresidents may possess and transport purchased wildlife without permit for forty-eight (48) hours following close of the sale.
- (11) Notification of the date and place of any public sale of consigned wildlife shall be provided the conservation agent of the county in which the sale will be held not less than thirty (30) days prior to the sale.
- (12) The holder of a Class I or Class II wildlife breeder permit may exhibit wildlife at locations other than those listed on the permit.
- (13) None of these privileges shall extend to permitting the act of hunting for such stock except that big game mammals may be shot for purposes of herd management by the permit holder or his/her agents, but only by written authorization of the director.
- (14) No state permit shall be required of individuals holding migratory waterfowl under valid federal authorization.
- (15) No state permit shall be required for the propagation, sale or display of birds of prey by persons holding a valid federal permit; provided, that these birds may be used to take or attempt to take wildlife only by persons holding a valid falconry permit.
- (16) The holder of a Class II wildlife breeder permit shall report escaped animals immediately to an agent of the department.
- (17) The holder of a Class I wildlife breeder permit may sell legally-acquired dressed or processed quail, pheasants, partridges and game bird eggs at retail and to commercial establishments under provisions of 3 CSR 10-10.743, provided all sales are accompanied by a valid invoice and the required records are maintained by the wildlife breeder.
- (18) Animal health standards and movement activities shall comply with all state and federal regulations.

REVISED PUBLIC COST: This order of rulemaking may or may not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

REVISED PRIVATE COST: This order of rulemaking may or may not cost private entities more than five hundred dollars (\$500) in the aggregate.

# REVISED FISCAL NOTE PUBLIC COST

# I. RULE NUMBER

Rule Number and Name:	3 CSR 10-9.353 Privileges of Class I and Class
	Il Wildlife Breeders
Type of Rulemaking:	Order of Rulemaking

# II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Conservation	The Department of Conservation would cover the cost of laboratory tests for operators participating in Missouri's Chronic Wasting Disease Monitoring Program, if funding becomes unavailable through federal programs, until March 1, 2004. Assuming a laboratory cost of \$25 per test, the impact of the rule would likely exceed \$500.

# III. WORKSHEET

For each sample submitted for testing by permitted operators:

Lab fees =  $$25 \times unknown quantity of samples.$ 

# IV. ASSUMPTIONS

The total costs may exceed \$500 depending on the number of animals requiring chronic wasting disease testing.

# REVISED FISCAL NOTE PRIVATE COST

# I. RULE NUMBER

	3 CSR 10-9.353 Privileges of Class I and Class II Wildlife Breeders
Type of Rulemaking:	Order of Rulemaking

# II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by adoption of the proposed rule.	Classification by types of the business entities which likely be affected.	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities.
270 Class I Wildlife Breeders	N/A	Unknown: Some operators will be required to test elk, elk-hybrids, mule deer, and white-tailed deer over twelve months of age that die of any cause for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate. As a result, the cost of compliance will vary based on the number of animals over twelve months of age that die. The captive cervid industry has indicated a cost of \$70 per animal to have brain stem pulled by a veterinarian.

# III. WORKSHEET

For one head of elk, elk-hybrid, mule deer or white-tailed deer that dies within a permitted facility:

Sample Collection \$70.00 Lab Fees 0.00

\$70.00 x unknown quantity of animals

# IV. ASSUMPTIONS

The total costs may or may not exceed \$500 depending on the number of animals requiring chronic wasting disease testing.

Title 3—DEPARTMENT OF CONSERVATION
Division 10—Conservation Commission
Chapter 9—Wildlife Code: Confined Wildlife: Privileges,
Permits, Standards

### ORDER OF RULEMAKING

By the authority vested in the Conservation Commission under sections 40 and 45 of Art. IV, Mo. Const., the commission amends a rule as follows:

3 CSR 10-9.565 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1448–1450). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Conservation received twenty-seven (27) written comments, one (1) e-mail message and six (6) telephone contacts regarding the proposed amendment.

COMMENT: Twenty-four (24) expressed opposition to mandatory enrollment—for operations not moving live elk or deer—in Missouri's chronic wasting disease program.

RESPONSE: Final regulations address chronic wasting disease concerns associated with the movement of animals without requiring mandatory enrollment.

COMMENT: Twenty-four (24) expressed opposition to mandatory testing of one hundred percent (100%) of animals that die after September 1, 2002.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year).

COMMENT: Twenty-two (22) expressed opposition to testing up to ten (10) animals from Big Game Hunting Preserves when Missouri intends to test lower percentage of free-ranging animals.

RESPONSE: Final regulations have reviewed information and determined that the testing of up to ten (10) animals will on average provide ninety percent (90%) confidence that chronic wasting disease will be detected if it is at a prevalence of ten percent (10%) or greater—state testing is at a ninety percent (90%) confidence of finding the disease at a two percent (2%) or greater prevalence.

COMMENT: One recommended that regulations be clarified and focused only on elk, elk-hybrids, mule deer, and white-tailed deer—eliminate wording "any cervid." Eliminate inconsistency with Department of Agriculture.

RESPONSE: Final regulations clarify wording, while continuing to address species known to be susceptible to chronic wasting disease, to be consistent with Department of Agriculture's requirements.

COMMENT: Five (5) expressed concerns over associated costs of testing animals.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year). In addition, final regulations do not require mandatory enrollment in Missouri's chronic wasting disease monitoring program.

COMMENT: One (1) expressed opposition to the requirement that animals released into a Big Game Hunting Preserve must be tagged allowing for individual animal identification.

RESPONSE: Final regulations continue to require tagging/marking of introduced elk, elk-hybrids, mule deer and white-tailed deer.

Information (e.g., traceback ability) provided by tagged/marked animals has proven beneficial in captive facilities documented with a chronic wasting disease case. Discussions with industry representatives indicate overall support for tagging/marking of introduced elk, elk-hybrids, mule deer and white-tailed deer.

COMMENT: Two (2) expressed opposition to the requirement of testing animals taken from Big Game Hunting Preserves that are not exporting live animals.

RESPONSE: Final regulations continue to require testing from all captive cervid facilities operating under a department permit. Ensuring appropriate standards for introduced elk, elk-hybrids, mule deer and white-tailed deer and assessing the health of captive animals within these facilities are needed to address chronic wasting disease concerns associated with the movement of animals (i.e., facilities introducing animals).

COMMENT: Two (2) recommended that facilities not importing or exporting live animals should: (1) not be required to tag animals currently in the herd, and (2) continue to be required to test appropriate number of elk and deer over twelve (12) months of age that die of any cause for chronic wasting disease.

RESPONSE: Final regulations incorporate exceptions into testing requirements (e.g., testing sunset, maximum number of animals to be tested each year). In addition, final regulations do not require mandatory enrollment—tagging/marking of animals in existing herd—in Missouri's chronic wasting disease monitoring program.

COMMENT: One recommended that elk, elk-hybrids, mule deer and white-tailed deer imported into a facility operating under a Department of Conservation permit be required to come from a CWD-monitored herd. Then through a process of "ramping up" require importation in 2005 to come from herds that have been monitored for at least three (3) years.

RESPONSE: Final regulations have taken steps to strengthen intrastate standards for elk, elk-hybrids, mule deer and white-tailed deer introduced into facilities operating under Department permit by incorporating a "ramping up" monitoring situation.

COMMENT: Six (6) expressed a desire to have more restrictive importation conditions for deer and elk entering captive facilities. RESPONSE: Final regulations have taken steps to strengthen both intra and interstate standards for elk, elk-hybrids, mule deer and white-tailed deer introduced into a facility operating under a Department permit.

COMMENT: One comment expressed concern that all animals harvested from a Big Game Hunting Preserve were not required to be tested for chronic wasting disease.

RESPONSE: Final regulations have reviewed information and determined that the testing of up to ten (10) animals will on average provide ninety percent (90%) confidence that chronic wasting disease will be detected if it is at a prevalence of ten percent (10%) or greater—state testing is at a ninety percent (90%) confidence of finding the disease at a two percent (2%) or greater prevalence. Facilities introducing elk, elk-hybrids, mule deer and white-tailed deer—unless meeting exceptions—will have an annual requirement to conduct chronic wasting disease testing.

COMMENT AND EXPLANATION OF CHANGE: The Department of Conservation did a thorough review of the comments and has coordinated with Department of Agriculture officials and stakeholder groups. Final regulations have incorporated changes that: (1) continue to address chronic wasting disease concerns, (2) address inconsistencies with the Department of Agriculture, and (3) give consideration to concerns identified during the public comment period. These changes are reflected in the language of the rule.

3 CSR 10-9.565 Licensed Hunting Preserve: Privileges

- (1) Licensed hunting preserves are subject to inspection by an agent of the department at any reasonable time. Animal health standards and movement activities shall comply with all state and federal regulations. Any person holding a licensed hunting preserve permit may release on his/her licensed hunting preserve legally acquired pheasants, exotic partridges, quail and ungulates (hoofed animals) for shooting throughout the year, under the following conditions:
  - (B) Big Game Hunting Preserve.
- 1. The hunting preserve for ungulates shall be a single body of land not less than three hundred twenty (320) acres and no more than three thousand two hundred (3,200) acres in size, fenced so as to enclose and contain all released game and exclude all hoofed wildlife of the state from becoming a part of the enterprise and posted with signs specified by the department. Fence height shall meet standards specified in 3 CSR 10-9.220.
- 2. All elk, elk-hybrids, mule deer, and white-tailed deer introduced into a big game hunting preserve shall meet the following requirements:
- A. Animals shall be tagged or marked in a method allowing individual animal identification.
- B. Animals imported into Missouri must come from a herd that is enrolled and has achieved a status three (3) or higher in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—three (3) years of surveillance, advancement, and successful completion of program requirements.
- C. Animals from within Missouri must come from a herd comprised of animals enrolled in a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program. Effective January 1, 2004, the minimum herd status requirement will annually increase by one (1) level until January 1, 2006 when all introduced animals shall come from herds that have achieved a status three (3) or higher—three (3) years of surveillance, advancement, and successful completion of program requirements.
- 3. Effective January 1 of each year, one hundred percent (100%) of all elk, elk-hybrids, mule deer, and white-tailed deer over twelve (12) months of age that die of any cause within a big game hunting preserve operation, shall be tested for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate, except:
- A. Big game hunting preserve operations that have not introduced, during the past three (3) years, any elk, elk-hybrids, mule deer or white-tailed deer from a herd having a status less than three (3) as documented through a United States Department of Agriculture approved or state-sponsored chronic wasting disease monitoring program—three (3) years of surveillance, advancement, and successful completion of program requirements.
- B. Elk, elk-hybrids, mule deer, and white-tailed deer documented through Missouri's Chronic Wasting Disease Monitoring Program as status five (5) herds—five (5) years of surveillance, advancement, and successful completion of program requirements.
- 4. All permits issued by the state veterinarian's office allowing cervids to enter Missouri and all chronic wasting disease test results must be kept by the permittee and are subject to inspection by an agent of the department at any reasonable time. All test results documenting a positive case of chronic wasting disease shall be reported immediately to an agent of the department.
- 5. The permittee may exercise privileges provided in 3 CSR 10-9.353 only for species held within breeding enclosure(s) contained within the big game hunting preserve. Any breeding enclosure(s) contained within the big game hunting preserve shall meet standards specified in 3 CSR 10-9.220.
- 6. Any person taking or hunting ungulates on a big game hunting preserve shall have in his/her possession a valid licensed hunting preserve hunting permit. The permittee shall attach to the leg of each ungulate taken on the preserve a locking leg seal furnished by the department, for which the permittee shall pay ten dollars (\$10) per

one hundred (100) seals. Any packaged or processed meat shall be labeled with the licensed hunting preserve permit number.

Animal health standards and movement activities shall comply with all state and federal regulations.

REVISED PUBLIC COST: This order of rulemaking may or may not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

REVISED PRIVATE COST: This order of rulemaking may or may not cost private entities more than five hundred dollars (\$500) in the aggregate.

# REVISED FISCAL NOTE PUBLIC COST

# I. RULE NUMBER

Rule Number and Name:	3 CSR 10-9.565 Licensed Hunting Preserve:
	Privileges
Type of Rulemaking:	Order of Rulemaking

# II. SUMMARY OF FISCAL IMPACT

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
Department of Conservation	The Department of Conservation would cover the cost of laboratory tests for operators participating in Missouri's Chronic Wasting Disease Monitoring Program, if funding becomes unavailable through federal programs, until March 1, 2004. Assuming a laboratory cost of \$25 per test, the impact of the rule would likely exceed \$500.
	<u> </u>

# III. WORKSHEET

For each sample submitted for testing by permitted operators:

Lab fees = \$25 x unknown quantity of samples.

# IV. ASSUMPTIONS

The total costs may exceed \$500 depending on the number of animals requiring chronic wasting disease testing.

# REVISED FISCAL NOTE PRIVATE COST

# I. RULE NUMBER

Rule Number and Name:	3 CSR 10-9.565 Licensed Hunting Preserve:
	Privileges
Type of Rulemaking:	Order of Rulemaking
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# II. SUMMARY OF FISCAL IMPACT

Estimate of the number of entities by class which would likely be affected by adoption of the proposed rule.	Classification by types of the business entities which likely be affected.	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities.
270 Class I Wildlife Breeders	N/A	Unknown: Some operators will be required to test elk, elk-hybrids, mule deer, and white-tailed deer over twelve months of age that die of any cause for chronic wasting disease at a federally approved laboratory, up to an annual total of ten (10) animals in the aggregate. As a result, the cost of compliance will vary based on the number of animals over twelve months of age that die. The captive cervid industry has indicated a cost of \$70 per animal to have brain stem pulled by a veterinarian.
	<u> </u>	Stem pulled by a vetermanan.

# III. WORKSHEET

For one head of elk, elk-hybrid, mule deer or white-tailed deer that dies within a permitted facility:

Sample Collection \$70.00
Lab Fees 0.00
\$70.00 x unknown quantity of animals

# IV. ASSUMPTIONS

The total costs may or may not exceed \$500 depending on the number of animals requiring chronic wasting disease testing.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 10—Director, Department of Mental Health Chapter 7—Core Rules for Psychiatric and Substance Abuse Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the director amends a rule as follows:

#### 9 CSR 10-7.020 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1455). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Department of Mental Health received two (2) comments on the proposed amendment.

COMMENT: Eric Fink with the Missouri Assisted Living Association indicated the language in the rule is unclear as to whether or not it applies to long-term care facilities. Additionally, Mr. Fink stated that without a knowledge requirement, the rule is "arbitrary, capricious or unreasonable, and contains constitutional infirmities." RESPONSE AND EXPLANATION OF CHANGE: The rule does not apply to long-term care facilities since they are not subject to these rules. The department agrees that the rule should contain a knowledge requirement and is adding that requirement to the rule.

COMMENT: One commenter expressed concern that often it was several days before they learned of the death of a client and would be impossible to comply with the twenty-four (24)-hour reporting requirement.

RESPONSE AND EXPLANATION OF CHANGE: The rule has been changed to require reporting within twenty-four (24) hours after learning of the death of a client.

### 9 CSR 10-7.020 Rights, Responsibilities, and Grievances

(9) All certified agencies, upon learning of the death of a client receiving services, must report the death to the Department of Mental Health (DMH) within twenty-four (24) hours. DMH report form 9719 shall be completed and faxed to the appropriate division director.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the director withdraws a rule as follows:

# 9 CSR 30-3.100 Service Delivery Process and Documentation is withdrawn.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1455–1457). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The Department of Mental Health received no comments. However, the department is withdrawing the amendment for further consideration.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050, 630.655 and 631.010, RSMo 2000, the director amends a rule as follows:

# 9 CSR 30-3.130 Outpatient Treatment is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1457). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT: One commenter expressed concern that the amendment provided too much flexibility for the providers and the clients will not get the services that they need.

RESPONSE: The department disagrees and no changes have been made to the amendment as a result of this comment.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 3—Alcohol and Drug Abuse Programs

## ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.655, RSMo 2000, the director amends a rule as follows:

# **9 CSR 30-3.192** Specialized Program for Adolescents is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1457). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department amends a rule as follows:

# 9 CSR 30-4.010 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1457–1458). Those paragraphs with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received one (1) comment on the proposed amendment.

COMMENT: Commenting on paragraph (2)(G)4., one person stated the following. In the state of Missouri, physicians are licensed to practice medicine. Physicians may specialize in certain areas of interest and/or become board certified. However, this does not mean a physician without certification in a specific area is not competent, with continuing medical education and experience, to effectively provide medical and mental health care to patients. We believe the requirement for board certification in each area a physician may wish to serve is unnecessary, and in fact, sets a bad precedence. Board certification has never been proven to provide a more competent physician; it is professional designation. Institutions should set the criteria for staff based on licensure, training and experience. Having a physician board certified in every potential area of medicine and mental health may be ideal. However, in our present and future environment, requiring a board-certified psychiatrist to provide mental health services will contribute to a further shortage of physicians to serve patients and again sets a bad precedence.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

#### 9 CSR 30-4.010 Definitions

- (2) Unless the context clearly requires otherwise, the following terms as used in this chapter shall mean—
  - (G) Mental health professionals, one (1) of the following:
- 1. A professional counselor licensed under Missouri state law to practice counseling;
- 2. An individual possessing a master's or doctorate degree in counseling, psychology, family therapy or related field, with one (1) year's experience, under supervision, in treating problems related to mental illness;
- 3. A pastoral counselor with a degree equivalent to the Master of Science Degree in Divinity from an accredited program with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;
- 4. A physician licensed under Missouri state law to practice medicine or osteopathy and with specialized training in mental health services. One (1) year of experience, under supervision, in treating problems related to mental illness may be substituted for specialized training;
- 5. A psychiatrist that is a licensed physician, who in addition, has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;
- 6. A psychologist licensed under Missouri state law to practice psychology;
- 7. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric or substance abuse treatment setting, or a master's degree in psychiatric nursing; and
- 8. A social worker with a master's degree in social work from an accredited program and with specialized training in mental health services. One (1) year of experience, under supervision, may be substituted for training;

Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department amends a rule as follows:

### 9 CSR 30-4.030 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1458–1459). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received several comments on the proposed amendment.

COMMENT: Commenting on paragraph (2)(HH)1., one person stated the following. In the state of Missouri, physicians are licensed to practice medicine. Physicians may specialize in certain areas of interest and/or become board certified. However, this does not mean a physician without certification in a specific area is not competent, with continuing medical education and experience, to effectively provide medical and mental health care to patients. We believe the requirement for board certification in each area a physician may wish to serve is unnecessary, and in fact, sets a bad precedence. Board certification has never been proven to provide a more competent physician; it is professional designation. Institutions should set the criteria for staff based on licensure, training and experience. Having a physician board certified in every potential area of medicine and mental health may be ideal. However, in our present and future environment, requiring a board-certified psychiatrist to provide mental health services will contribute to a further shortage of physicians to serve patients and again sets a bad precedence. Also, in some areas of this rule, advance practice nurses are allowed to substitute for the psychiatrist in specific situations, which further lends credence to the Association's position, a licensed physician with specific interest and practice emphasis in psychiatry could serve effectively in the specific areas addressed in this rule.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

COMMENT: One person commenting on subsection (2)(HH)7. noted that the rule requires an occupational therapist to be certified by the American Occupational Therapy Certification Board and registered in Missouri. This is not the requirement in Missouri for an OT to obtain a license pursuant to sections 324.050 to 324.089. In order to obtain a license, which is required in Missouri and not registration from the MO Board of Occupational Therapists, an OT shall provide evidence of being initially certified by a certifying entity approved by the Division of Professional Registration. The MO Board of Occupational Therapy recognizes the National Board for Certification in Occupational Therapy (NBCOT) as the certifying entity and not the American Occupational Therapy Certification Board as stated in the rule.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has revised the rule accordingly.

COMMENT: One person noted incorrect references in section (2) and stated that in subsection (2)(C), the correct reference is section 335.016, RSMo not 335.011; and in subsection (HH)8., the correct reference is section 335.016, RSMo not 335.011.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has revised the rule accordingly.

# 9 CSR 30-4.030 Certification Standards Definitions

(2) As used in 9 CSR 30-4.031-9 CSR 30-4.047, unless the context clearly indicates otherwise, the following terms shall mean:

- (C) Advanced practice nurse—as set forth in section 335.016, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing;
  - (HH) Mental health professional—any of the following:
- 1. A physician licensed under Missouri law to practice medicine or osteopathy and with training in mental health services or one (1) year of experience, under supervision, in treating problems related to mental illness or specialized training;
- 2. A psychiatrist, a physician licensed under Missouri law who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the department;
- 3. A psychologist licensed under Missouri law to practice psychology with specialized training in mental health services;
- 4. A professional counselor licensed under Missouri law to practice counseling and with specialized training in mental health services:
- 5. A clinical social worker licensed under Missouri law with a master's degree in social work from an accredited program and with specialized training in mental health services;
- 6. A psychiatric nurse, a registered professional nurse licensed under Chapter 335, RSMo with at least two (2) years of experience in a psychiatric or substance abuse treatment setting or a master's degree in psychiatric nursing;
- 7. An individual possessing a master's or doctorate degree in counseling and guidance, rehabilitation counseling and guidance, rehabilitation counseling, vocational counseling, psychology, pastoral counseling or family therapy or related field who has successfully completed a practicum or has one (1) year of experience under the supervision of a mental health professional;
- 8. An occupational therapist certified by the American Occupational Therapy Certification Board, registered in Missouri, has a bachelor's degree and has completed a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting, or has a master's degree and has completed either a practicum in a psychiatric setting or has one (1) year of experience in a psychiatric setting;
- 9. An advanced practice nurse—as set forth in section 335.016, RSMo, a nurse who has had education beyond the basic nursing education and is certified by a nationally recognized professional organization as having a nursing specialty, or who meets criteria for advanced practice nurses established by the board of nursing; and
  - 10. A psychiatric pharmacist as defined in 9 CSR 30-4.030;

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department amends a rule as follows:

# 9 CSR 30-4.034 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1459). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received two (2) comments on the proposed amendment.

COMMENT: One person stated that subsection (2)(A) should read as follows: "An advanced practice nurse may act in place of the psychiatrist on the evaluation team." The rationale for this change is that the term "substitute" did not seem appropriate and the qualifier, "if that individual is providing medication management services to the client," was not understood since no qualifiers were used in reference to other providers. If the connection to medication management services relates to wanting the advanced practice nurse to be in a collaborative practice arrangement (since CPA is required to engage in medical management activities such as prescribing medication), then the recommendation would be: "An advanced practice nurse in a collaborative practice arrangement may act in place of the psychiatrist on the evaluation team."

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

COMMENT: Commenting on subsections (2)(A), (B), (C), (D) and (I), one person stated the following. In the state of Missouri, physicians are licensed to practice medicine. Physicians may specialize in certain areas of interest and/or become board certified. However, this does not mean a physician without certification in a specific area is not competent, with continuing medical education and experience, to effectively provide medical and mental health care to patients. We believe the requirement for board certification in each area a physician may wish to serve is unnecessary, and in fact, sets a bad precedence. Board certification has never been proven to provide a more competent physician; it is professional designation. Institutions should set the criteria for staff based on licensure, training and experience. Having a physician board certified in every potential area of medicine and mental health may be ideal. However, in our present and future environment, requiring a board-certified psychiatrist to provide mental health services will contribute to a further shortage of physicians to serve patients and again sets a bad precedence. Also, in some areas of this rule, advanced practice nurses are allowed to substitute for the psychiatrist in specific situations, which further lends credence to the Association's position, a licensed physician with specific interest and practice emphasis in psychiatry could serve effectively in the specific areas addressed in this rule.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

#### 9 CSR 30-4.034 Personnel and Staff Development

- (2) Only qualified professionals shall provide community psychiatric rehabilitation (CPR) services. Qualified professionals for each service shall include:
- (A) For intake/annual evaluations, an evaluation team consisting of, at least, a physician, one (1) other mental health professional, as defined in 9 CSR 30-4.030, and including, for the annual evaluation, the community support worker assigned to each client;
- (B) For brief evaluation, an evaluation team consisting of at least, a physician and one (1) other mental health professional, as defined in 9 CSR 30-4.030;
- (C) For treatment planning, a team consisting of at least a physician, one (1) other mental health professional as defined in 9 CSR 30-4.030 and the client's community support worker;
- (E) For medication services, a physician, psychiatric pharmacist or advanced practice nurse as defined in 9 CSR 30-4.030;
  - (H) For community support:
- 1. A mental health professional or an individual with a bachelor's degree in social work, psychology, nursing or a related field, supervised by a psychologist, professional counselor, clinical social worker, psychiatric nurse or individual with an equivalent degree as defined in 9 CSR 30-4.030. Equivalent experience in psychiatric and/or substance abuse treatment may be substituted on the basis of

one (1) year of experience for each year of required educational training; or

- 2. A community support assistant with a high school diploma or equivalent and applicable training required by the department, supervised by a qualified mental health professional as defined in 9 CSR 30-4.030. A community support assistant may receive assignments and direction from a community support worker; and
- (I) For consultation services, a physician, a psychiatric pharmacist or advanced practice nurse as defined in 9 CSR 30-4.030.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

### ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department withdraws an amendment as follows:

9 CSR 30-4.035 Client Records of a Community Psychiatric Rehabilitation Program is withdrawn.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1459–1460). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The department received several comments which objected to the contents of the amendment specifically to provisions that limit certain functions to psychiatrists. RESPONSE: The department agrees to withdraw the proposed amendment at this time in order to study the objections and reevaluate its position on this matter.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department withdraws an amendment as follows:

## 9 CSR 30-4.039 Service Provision is withdrawn.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1460). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The department received several comments which objected to the contents of the amendment specifically to provisions that limit certain functions to psychiatrists. RESPONSE: The department agrees to withdraw the proposed amendment at this time in order to study the objections and reevaluate its position on this matter.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department amends a rule as follows:

9 CSR 30-4.041 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1460–1461). The section with changes is reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received two (2) comments on the proposed amendment.

COMMENT: Commenting on section (3) one person stated the following. In the state of Missouri, physicians are licensed to practice medicine. Physicians may specialize in certain areas of interest and/or become board certified. However, this does not mean a physician without certification in a specific area is not competent, with continuing medical education and experience, to effectively provide medical and mental health care to patients. We believe the requirement for board certification in each area a physician may wish to serve is unnecessary, and in fact, sets a bad precedence. Board certification has never been proven to provide a more competent physician; it is professional designation. Institutions should set the criteria for staff based on licensure, training and experience. Having a physician board certified in every potential area of medicine and mental health may be ideal. However, in our present and future environment, requiring a board-certified psychiatrist to provide mental health services will contribute to a further shortage of physicians to serve patients and again sets a bad precedence.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

COMMENT: Also commenting on (3), one person stated that his agency has a number of clients who are in Residential Care Facilities who see the house physician and in some cases this is not a psychiatrist. How will this affect those individuals?

RESPONSE: The department notes that this comment is not relevant because house physicians in residential care facilities are not part of the community psychiatric rehabilitation program and therefore, do not bill for services offered in this program.

# 9 CSR 30-4.041 Medication Procedures at Community Psychiatric Rehabilitation Programs

(3) A physician shall review and evaluate medications at least every six (6) months, except as specified in the client's individualized treatment plan. Face-to-face contact with the client and review of relevant documentation in the client record, such as progress notes and treatment plan reviews, shall constitute the review and evaluation.

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department amends a rule as follows:

9 CSR 30-4.042 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1461). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The department received several comments on the proposed amendment.

COMMENT AND EXPLANATION OF CHANGE: Regarding subsection (4)(B), no comment was received from the public but the department is revising this section of the rule to indicate that the term primary diagnosis should be understood as defined under 9 CSR 10-7.140(2)(OO).

COMMENT: One person suggested modification of section (4)(B) which requires a psychiatrist instead of a physician and encouraged more flexibility in this area. The commenter stated that, especially for children, there seems to be more community physicians, especially pediatricians, available who are part of the treatment process. It is not uncommon for the family to request that the family physician continue their involvement. Since the length of stay in children's CPRC will probably be short, keeping the family physician involved is of value. The commenter agreed that ideally a psychiatrist should be the primary clinician. However, he contended that allowing other physicians to be part of the treatment process will help maximize children's CPRC enrollment especially in the rural areas.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

COMMENT: Also commenting on subsection (4)(B), one person stated the following. In the state of Missouri, physicians are licensed to practice medicine. Physicians may specialize in certain areas of interest and/or become board certified. However, this does not mean a physician without certification in a specific area is not competent, with continuing medical education and experience, to effectively provide medical and mental health care to patients. We believe the requirement for board certification in each area a physician may wish to serve is unnecessary, and in fact, sets a bad precedence. Board certification has never been proven to provide a more competent physician; it is professional designation. Institutions should set the criteria for staff based on licensure, training and experience. Having a physician board certified in every potential area of medicine and mental health may be ideal. However, in our present and future environment, requiring a board-certified psychiatrist to provide mental health services will contribute to a further shortage of physicians to serve patients and again sets a bad precedence.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees to withdraw this portion of the amendment at this time in order to study the objections and reevaluate its position on this matter.

COMMENT: One person commenting on subsection (4)(D) stated the following. Diagnostic categories for youth should be expanded to include disorders that occur only in youth such as Attachment Disorder and diagnoses that emerge in youth but are too formative to make the criteria for CPRC diagnosis such as Major Depression Single Episode or Bipolar Disorder, NOS. Often psychiatrists can diagnose the emerging mental illness such as bipolar but not specify yet the pattern. Anytime that youth are diagnosed with bipolar disorder or major depression, they are usually in need of intense treatment, but would be unable to receive such under CPRC unless they meet the full diagnostic criteria. Children with Attachment Disorder often have some of the most severe emotional and behavioral problems but are often diagnosed simply with Oppositional Defiant Disorder, especially with older. They too often need intense treatment to prevent out-of-home placement such as inpatient or residential. Perhaps if these diagnoses were restricted to age eighteen (18) and under, then the problem of non-chronic disorders could be abated (such as an adult with a single episode of depression), while the youth in need could receive the CPRC services.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has revised the rule to include the fol-

lowing diagnostic categories for children and youth only: Reactive Attachment Disorder, Bipolar Disorder, Not Otherwise Specified, and Major Depressive Disorder, Single Episode.

COMMENT: Also commenting on subsection (4)(B), one person stated the following. Perhaps the most significant difference between adult and children's CPRC is the diagnostic area. Many children come to us with multiple diagnoses that require intensive services and long-term treatment; however, they do not meet the CPRC diagnostic criteria. Diagnoses that may be more child appropriate are Depressive Disorder, NOS vs. Major Depression Recurrent; Bipolar, NOS vs. Bipolar I or Bipolar II: Anxiety Disorder, NOS vs. GAD, ADHD, ODD, Disruptive Behavior Disorder, NOS Reactive Attachment Disorder.

RESPONSE AND EXPLANATION OF CHANGE: The department agrees with this comment and has revised the rule to include the following diagnostic categories for children and youth only: Reactive Attachment Disorder, Bipolar Disorder, Not Otherwise Specified, and Major Depressive Disorder, Single Episode.

### 9 CSR 30-4.042 Admission Criteria

(4) The criteria for admission to community psychiatric rehabilitation program services shall include:

(B) Diagnosis. A physician or licensed psychologist shall certify a primary *Diagnostic and Statistical Manual* (DSM) diagnosis as defined in 9 CSR 10-7.140(2)(OO) or *International Classification of Diseases*, *Ninth Revision with Clinical Modification* (ICD-9-CM), using the current edition of the manual. This diagnosis may coexist with other psychiatric diagnoses in Axis I or other areas.

1. Schizophrenia.

A. Disorganized.

(I) DSM IV code: 295.1X

(II) ICD-9-CM code: 295.1X

B. Catatonic.

(I) DSM IV code: 295.2X

(II) ICD-9-CM code: 295.2X

C. Paranoid.

(I) DSM IV code: 295.3X

(II) ICD-9-CM code: 295.3X

D. Schizophreniform.

(I) DSM IV code: 295.4X

(II) ICD-9-CM code: 295.4X

E. Residual.

(I) DSM IV code: 295.6X

(II) ICD-9-CM code: 295.6X

F. Schizoaffective.

(I) DSM IV code: 295.7X

(II) ICD-9-CM code: 295.7X

G. Undifferentiated.

(I) DSM IV code: 295.9X

(II) ICD-9-CM code: 295.9X

2. Delusional disorder.

A. DSM IV code: 297.1X

B. ICD-9-CM code: 297.1X

3. Bipolar I disorders.

A. Single manic episode.

(I) DSM IV code: 296.0X

(II) ICD-9-CM code: 296.0X

B. Most recent episode manic.

(I) DSM IV code: 296.4X

(II) ICD-9-CM code: 296.4X

C. Most recent episode depressed.

(I) DSM IV code: 296.5X

(II) ICD-9-CM code: 296.5X

D. Most recent episode mixed.

(I) DSM IV code: 296.6X

(II) ICD-9-CM code: 296.6X

4. Bipolar II disorders.

A. DSM IV code: 296.89 B. ICD-9-CM code: 296.89

5. Psychotic disorders NOS.

A. DSM IV code: 298.9

B. ICD-9-CM code: 298.9

6. Major depressive disorder-recur.

A. DSM IV code: 296.3X B. ICD-9-CM code: 296.3X

7. Obsessive-Compulsive Disorder.

A. DSM IV code: 300.30

B. ICD-9-CM code: 300.3

8. Post Traumatic Stress Disorder.

A. DSM IV code: 309.81

B. ICD-9-CM code: 309.81

9. Borderline Personality Disorder.

A. DSM IV code: 301.83

B. ICD-9-CM code: 301.83

10. Anxiety Disorders.

A. Generalized Anxiety Disorder.

(I) DSM IV code: 300.02

(II) ICD-9-CM code: 300.02

B. Panic Disorder with Agoraphobia.

(I) DSM IV code: 300.21

(II) ICD-9-CM code: 300.21

C. Panic Disorder without Agoraphobia.

(I) DSM IV code: 300.01

(II) ICD-9-CM code: 300.01

D. Agoraphobia without Panic Disorder.

(I) DSM IV code: 300.22

(II) ICD-9-CM code: 300.22

E. Social Phobia.

(I) DSM IV code: 300.23

(II) ICD-9-CM code: 300.23

11. For children and youth only.

A. Major depressive disorder, single episode.

(I) DSM IV code: 296.2X

(II) ICD-9-DM code: 296.2

B. Bipolar disorder, not otherwise specified.

(I) DSM IV code: 296.80

(II) ICD-9-CM code: 296.7

C. Reactive attachment disorder of infancy or early child-

hood.

(I) DSM IV code: 313.89 (II) ICD-9-CM code: 313.89

# Title 9—DEPARTMENT OF MENTAL HEALTH Division 30—Certification Standards Chapter 4—Mental Health Programs

# ORDER OF RULEMAKING

By the authority vested in the director of the Department of Mental Health under sections 630.050 and 630.055, RSMo 2000, the department withdraws an amendment as follows:

9 CSR 30-4.043 Treatment Provided by Community Psychiatric Rehabilitation Programs is withdrawn.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1462). This proposed amendment is withdrawn.

SUMMARY OF COMMENTS: The department received several comments which objected to the contents of the amendment specifically to provisions that limit certain functions to psychiatrists.

RESPONSE: The department agrees to withdraw the proposed amendment at this time in order to study the objections and reevaluate its position on this matter.

# Title 10—DEPARTMENT OF NATURAL RESOURCES Division 10—Air Conservation Commission Chapter 6—Air Quality Standards, Definitions, Sampling and Reference Methods and Air Pollution Control Regulations for the Entire State of Missouri

### ORDER OF RULEMAKING

By the authority vested in the Missouri Air Conservation Commission under section 643.050, RSMo 2000, the commission amends a rule as follows:

### 10 CSR 10-6.320 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on July 1, 2002 (27 MoReg 1108–1109). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: The Missouri Department of Natural Resources' Air Pollution Control Program received two (2) comments: one (1) from the U.S. Environmental Protection Agency (EPA) and one (1) from a Missouri Air Conservation Commission member during the public hearing.

COMMENT: The EPA asked if it was the department's intent to limit this exemption to automotive parts only, or should parts from other types of motor vehicles, i.e., trucks, also be eligible for this exemption.

RESPONSE AND EXPLANATION OF CHANGE: The exemption is not intended only for automotive parts for air pollution control but for motor vehicle parts used solely for air pollution control. Wording changes were made to subsection (1)(D) and sections (3) and (4) as a result of this comment.

COMMENT: A commission member commented that the use of the Missouri Sales/Use Tax Exemption Form 149 was a cumbersome method to exempt the motor vehicle parts used for air pollution control purposes. As the motor vehicle parts are listed in the rule, is the use of the Form 149 necessary?

RESPONSE AND EXPLANATION OF CHANGE: The department's Air Pollution Control Program reviewed the commissioner's concern relative to the use of the Form 149. After further discussions with the Missouri Department of Revenue, all motor vehicle parts that are listed as exempt from sales tax are not required to have a filled out sales/use tax exemption application. Therefore, subsection (3)(B) and section (4) rule text has been revised to reflect this.

# 10 CSR 10-6.320 Sales Tax Exemption

- (1) Applicability.
  - (D) Sales Tax Exemption Criteria.
- 1. The following criteria shall be used to evaluate sales tax exemption requests except motor vehicle parts:
- A. The machinery, equipment, appliance and device removes or captures air pollutants from a system or process, or it monitors the levels of the pollutant; and its function within the system or process is limited to removing, capturing, or monitoring air pollution;
- B. The machinery, equipment, appliance and device is a portion or all of a system or process pretreating air prior to its discharge into the atmosphere; and

- C. Materials and supplies if they are required for the installation, construction or reconstruction of items in subparagraph (3)(B)1.A. and will not be used for other functions.
- 2. The following motor vehicle parts that are air pollution control devices and/or appliances that are eligible sales tax exempt are:
  - A. Air injection parts;
  - B. Air pump check valve;
- C. Catalytic converters (universal converters, direct fit converters, converter kits);
  - D. Exhaust gas recirculation (EGR) valves;
  - E. Evaporative canister and canister purge valve;
  - F. Positive crankcase ventilation (PCV) valves; and
  - G. Smog pumps.
- 3. The sales tax exemption does not apply to pollution control devices on existing motor vehicles when purchased new or used. This exemption is for the purchase of replacement parts for a motor vehicle.
- 4. The director may review new technology not listed above related to motor vehicle parts used to control air pollution for possible exemption.
- (3) General Provisions. This section sets forth the processes used by the Missouri Department of Natural Resources to evaluate sales/use tax exemption applications for items purchased or leased for the purpose of air pollution control. Application processes are as follows:
- (A) Applications for sales tax exemption (other than for motor vehicle parts)—
- 1. Machinery, equipment, appliances, and devices purchased or leased and used solely for the purpose of preventing, abating, or monitoring air pollution, and materials and supplies solely required for the installation, construction, or reconstruction of such machinery, equipment, appliances, and devices as provided by this rule shall be submitted on the application form(s) provided by the Missouri Department of Natural Resources. The application shall be submitted to the Missouri Department of Natural Resources, Air Pollution Control Program, PO Box 176, Jefferson City, MO 65102.
- 2. The department will review the application and approve, partially approve, or deny the sales tax exemption request. If approved or partially approved, the department will notify the Missouri Department of Revenue which will forward a Missouri Sales/Use Tax Exemption Certificate for Pollution Control to the applicant. If the application is denied, the department shall send a written registered letter to the applicant. Applicants who are denied a certification shall have a period of thirty (30) days from the issuance of the notice of denial to appeal such denial to the Missouri Air Conservation Commission, PO Box 176, Jefferson City, MO 65102-0176.
- 3. There is a three (3)-year time limit from the date of the purchase or the lease to file an application for a sales tax refund with the Missouri Department of Revenue. The filing of a request for an exemption certificate does not constitute an application for a refund. See Department of Revenue regulations for the refund procedure.
- (B) Sales tax exemption for motor vehicle parts—All motor vehicle parts listed in paragraph (1)(D)2. are exempt from sales tax by statute as appliances and devices purchased or leased and used solely for the purpose of preventing, abating or monitoring air pollution. Therefore, a sales/use tax exemption application is not necessary for these items.
- (4) Reporting and Record Keeping.
- (A) Other than motor vehicle parts—The seller shall retain the completed Sales/Use Tax Exemption Certificate for Pollution Control for five (5) years for audit purposes.
- (B) Motor vehicle parts listed in paragraph (1)(D)2.—The seller shall retain detailed documentation supporting the tax exempt sale of motor vehicle parts listed in paragraph (1)(D)2. Such documentation shall include, but not be limited to, sales invoices and other such records clearly identifying each item sold exempt from tax. The seller shall retain these records for five (5) years for audit purposes.

# Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 4—Licenses

## ORDER OF RULEMAKING

By the authority vested in the Missouri Gaming Commission under sections 313.004 and 313.800–313.850, RSMo 2000 and Supp. 2001, the commission amends a rule as follows:

### 11 CSR 45-4.060 Priority of Applications is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on September 3, 2002 (27 MoReg 1471–1472). No changes have been made in the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 11—DEPARTMENT OF PUBLIC SAFETY Division 45—Missouri Gaming Commission Chapter 5—Conduct of Gaming

### ORDER OF RULEMAKING

By the authority vested in the Missouri Gaming Commission under sections 313.004, 313.800 and 313.805, RSMo 2000, the commission amends a rule as follows:

#### 11 CSR 45-5.200 is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2002 (27 MoReg 1785). Those sections with changes are reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: A public hearing on this proposed amendment was held on November 13, 2002, and the public comment period ended October 31, 2002. One (1) written comment was received.

COMMENT: A written comment was received from Daniel R. Young of the law firm Bryan Cave. They expressed their concern with the words "and guaranteed" which was to be added to paragraph (1)(E). They asked that these words be deleted so that they could use investment vehicles such as Sallie Mae and Fannie Mae securities. RESPONSE AND EXPLANATION OF CHANGE: Subsection (1)(E) will be changed to reflect their comments.

# 11 CSR 45-5.200 Progressive Slot Machines

- (1) As used in this rule—
- (E) "United States Government Agency Securities" means negotiable, senior, non-callable, debt obligations issued by a United States agency that on the date of funding, possesses an issuer credit rating equivalent to the highest investment grade rating given by Standard & Poor's or Moody's Investors Service.

Title 12—DEPARTMENT OF REVENUE
Division 40—State Lottery
Chapter 50—Tickets and Prizes

ORDER OF RULEMAKING

By the authority vested in the Missouri Lottery Commission under section 313.220, RSMo 2000, the commission amends a rule as follows:

### 12 CSR 40-50.010 Tickets and Prizes is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2002 (27 MoReg 1787). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

# Title 12—DEPARTMENT OF REVENUE Division 40—State Lottery Chapter 80—General Rules—Instant Game

### ORDER OF RULEMAKING

By the authority vested in the Missouri Lottery Commission under section 313.220, RSMo 2000, the commission amends a rule as follows:

# 12 CSR 40-80.080 Claim Period is amended.

A notice of proposed rulemaking containing the text of the proposed amendment was published in the *Missouri Register* on October 1, 2002 (27 MoReg 1787–1788). No changes have been made to the text of the proposed amendment, so it is not reprinted here. This proposed amendment becomes effective thirty (30) days after publication in the *Code of State Regulations*.

SUMMARY OF COMMENTS: No comments were received.

The Secretary of State is required by sections 347.141 and 359.481, RSMo 2000 to publish dissolutions of limited liability companies and limited partnerships. The content requirements for the one-time publishing of these notices are prescribed by statute. This listing is published pursuant to these statutes. We request that documents submitted for publication in this section be submitted in camera ready 8 1/2" x 11" manuscript.

# NOTICE OF WINDING UP TO ALL CREDITORS OF AND CLAIMANTS AGAINST XBD Claims Management Co., LLC, a Missouri limited liability company

On December 17, 2002, XBD Claims Management Co., LLC, a Missouri limited liability company (the "Company"), filed its Notice of Winding Up with the Missouri Secretary of State.

The Company requests that all persons and organizations with claims against it present them immediately by letter to the Company at 8229 Clayton Road, St. Louis, Missouri 63117, Attention: Secretary.

All claims must include: the name and address of the claimant, the amount claimed; the basis for the claim; and the date(s) on which the event(s) on which the claim is based occurred.

NOTICE: Because of the winding up of the Company, any claims against it will be barred unless a proceeding to enforce the claim is commenced within three (3) years after the publication date of the notices authorized by statute, whichever is published last.

# NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION TO ALL CREDITORS AND CLAIMANTS AGAINST 219 E. 12<sup>TH</sup> ST., L.L.C.

On December 16, 2002, 219 E. 12<sup>Th</sup> ST., L.L.C., a Missouri Limited Liability Company, filed its Articles of Termination with the Missouri Secretary of State. Any claims against the L.L.C., should be sent to Carl C. Lang, 7733 Forsyth Blvd., Suite 400, St. Louis, Missouri 63105. All claims must include the name, address and phone number of the claimant; the amount of the claim; the basis of the claim; and the date the claim arose.

All claims must be received by the L.L.C. within three (3) years after publication of this notice. Any claims not received by that date will be barred.

# OFFICE OF ADMINISTRATION Division of Purchasing

### **BID OPENINGS**

Sealed Bids will be received by the Division of Purchasing, Room 630, Truman Building, PO Box 809, Jefferson City, MO 65102, telephone (573) 751-2387 at 2:00 p.m. on dates specified below for various agencies throughout Missouri. Bids are available to download via our homepage: www.moolb.state.mo.us.

B1E03175 Food Bags 2/3/03

B1E03172 Agriculture Rental Equipment 2/4/03

B2E03034 Remote Data Loggers 2/4/03

B3E03140 Printing—Envelopes 2/4/03

B1E03176 Fish Food 2/5/03

B1Z03177 Meats-March 2/5/03

B3E03135 Printing: Missouri Drivers Guide 2/5/03

B3E03153 Certification Services-Sheltered Workshop Emp. 2/5/03

B3Z03144 Assessment of Emergency Operations Center(s) 2/5/03

B3E03156 Hotel/Motel Accommodations 2/6/03

B1E03183 Grocery Items 2/7/03

B3Z03117 Chemical Analysis 2/7/03

B2Z03018 Equipment Maintenance Management Program 2/11/03

B3Z03072 Point-of-Purchase (POP) Services 2/11/03

B1E03179 Film, Instant and 35mm 2/12/03

B1E03164 Gas Chromatograph/Mass Spectrometer 2/13/03

B3E03126 Janitorial Services-Maplewood, MO 2/14/03

B3E03127 Janitorial Services-Jennings, MO 2/14/03

B3E03151 Trash Collection Services-SECC 2/14/03

B3Z03133 Case Mgmt.-Co-Occurring Sub Abuse & Mental Health Disorders 2/14/03

B3Z03166 1115 Demonstration & Senate Bill 632 Evaluation 2/14/03

B3E03168 Trash Collection Services 2/16/03

B2Z03011 Imaging Equipment 2/17/03

B3E03142 Portable Sanitation Services 2/18/03

B3Z03105 HIV Client Services Administration 2/18/03

B3Z03107 HIV Case Management—Central Missouri Region 2/18/03

B3Z03152 Evaluation of Professional Development Projects 2/18/03

B3Z03136 Cognitive Restructuring Therapy Services 2/21/03

B3Z03138 Communication Plan/Marketing Campaign 2/26/03

B3Z03068 Missouri Universal Service Fund Administrator 3/13/03

It is the intent of the State of Missouri, Division of Purchasing to purchase each of the following as a single feasible source without competitive bids. If suppliers exist other than the ones identified, please call (573) 751-2387 immediately.

- 1.) IFTA/IRP Auditing Software Maintenance, supplied by DB Software, LLC.
- 2.) High Availability Suite Software Maintenance, supplied by Data Mirror Corporation.

Cardiovascular Risk Reduction Program and Diabetes Control Program (St. Louis & Southeast Missouri), supplied by Grace Hill Neighborhood Health Center, People's Health Center, St. Louis Comprehensive Health Center, Inc., and Southeast Missouri Health Network.

James Miluski, CPPO, Director of Purchasing February 3, 2003 Vol. 28, No. 3

# Rule Changes Since Update to Code of State Regulations

MISSOURI REGISTER

This cumulative table gives you the latest status of rules. It contains citations of rulemakings adopted or proposed after deadline for the monthly Update Service to the *Code of State Regulations*, citations are to volume and page number in the *Missouri Register*, except for material in this issue. The first number in the table cite refers to the volume number or the publication year—26 (2001), 27 (2002) and 28 (2003). MoReg refers to *Missouri Register* and the numbers refer to a specific *Register* page, R indicates a rescission, W indicates a withdrawal, S indicates a statement of actual cost, T indicates an order terminating a rule, N.A. indicates not applicable, RUC indicates a rule under consideration, and F indicates future effective date.

Rule Number	Agency	Emergency	Proposed	Order	In Addition
	OFFICE OF ADMINISTRATION				
1 CSR 10	State Officials' Salary Compensation Sched	lule			27 MoReg 189 27 MoReg 1724
1 CSR 15-3.200	Administrative Hearing Commission	27 MoReg 2259	27 MoReg 2266		
1 CSR 20-1.040	Personnel Advisory Board and Division of Personnel		27 MoReg 1861		
1 CSR 20-2.015	Personnel Advisory Board and Division		27 WIOREG 1601		
	of Personnel	28 MoReg 103	28 MoReg 128 This Issue	This IssueT	
1 CSR 20-4.020	Personnel Advisory Board and Division of Personnel		27 MoReg 1861		
1 CSR 20-5.010	Personnel Advisory Board and Division of Personnel		27 MoReg 1865		
1 CSR 20-5.020	Personnel Advisory Board and Division of Personnel	27 MaDag 947	27 MaDag 1965		
1 CSR 40-1.090	Purchasing and Materials Management	27 MoReg 847	27 MoReg 1865 27 MoReg 1107		
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	DEPARTMENT OF AGRICULTURE				
2 CSR 30-2.012	Animal Health	27 MoReg 1439			
2 CSR 70-40.015	Plant Industries	27 110100 1107	27 MoReg 1561R		
			27 MoReg 1561		
2 CSR 70-40.025	Plant Industries		27 MoReg 1562R		
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2 CSR 70-40.040	Plant Industries		27 MoReg 1563R 27 MoReg 1563		
2 CSR 70-40.045	Plant Industries		27 MoReg 1563 27 MoReg 1564		
2 CSR 90-10.040	Weights and Measures		27 MoReg 1161		
2 CSR 90-20.040	Weights and Measures	27 MoReg 1559	27 MoReg 1564	28 MoReg 49	
2 CSR 90-22.140	Weights and Measures		27 MoReg 1868	This Issue	
2 CSR 90-23.010	Weights and Measures		27 MoReg 1868	This Issue	
2 CSR 90-25.010	Weights and Measures		27 MoReg 1869	This Issue	
2 CSR 90-30.040	Weights and Measures	27 MoReg 1559	27 MoReg 1565	28 MoReg 49	
2 CSR 90-30.050	Weights and Measures		27 MoReg 1565		
2 CSR 90-36.010	Weights and Measures		27 MoReg 2053R		
			27 MoReg 2053		
2 CSR 90-36.020	Weights and Measures		27 MoReg 2058R		
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3 CSR 10-1.010	Conservation Commission		28 MoReg 8		
3 CSR 10-4.111	Conservation Commission		27 MoReg 1765	27 MoReg 2303	
3 CSR 10-4.130	Conservation Commission		27 MoReg 971	27 MoReg 14781	F
3 CSR 10-4.141	Conservation Commission		27 MoReg 972	27 MoReg 14781	F
3 CSR 10-5.205	Conservation Commission		27 MoReg 972	27 MoReg 14781	F
3 CSR 10-5.215	Conservation Commission		27 MoReg 973	27 MoReg 1478	
3 CSR 10-5.225	Conservation Commission		27 MoReg 973	27 MoReg 1478	
3 CSR 10-5.351	Conservation Commission		27 MoReg 1186	27 MoReg 1997	
3 CSR 10-5.359	Conservation Commission		27 MoReg 1188	27 MoReg 1997	
3 CSR 10-5.360	Conservation Commission		27 MoReg 1190	27 MoReg 1998	
3 CSR 10-5.460	Conservation Commission		27 MoReg 974	27 MoReg 14791	
3 CSR 10-5.465	Conservation Commission		27 MoReg 975	27 MoReg 14791	
3 CSR 10-6.410	Conservation Commission		27 MoReg 978	27 MoReg 14811	
3 CSR 10-6.415	Conservation Commission		27 MoReg 978	27 MoReg 14811	
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4 CSR 30-11.030

4 CSR 30-12.010

4 CSR 30-13.010

4 CSR 30-15.010

4 CSR 90-13.010

4 CSR 90-13.050

Missouri Board for Architects, Professional

State Board of Cosmetology

State Board of Cosmetology

Engineers, Professional Land Surveyors, and Landscape Architects 28 MoReg 131

Engineers, Professional Land Surveyors, and Landscape Architects 27 MoReg 2144

Engineers, Professional Land Surveyors, and Landscape Architects 27 MoReg 2145

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28 MoReg 135

28 MoReg 137

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3 CSR 10-9.106	Conservation Commission		27 MoReg 982	27 MoReg 1483F	
CSR 10-9.110	Conservation Commission		27 MoReg 982	27 MoReg 1483F	
CSR 10-9.220	Conservation Commission		27 MoReg 983	27 MoReg 1483F	
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CSR 10-9.575	Conservation Commission		27 MoReg 988	27 MoReg 1484F	
CSR 10-9.627	Conservation Commission		27 MoReg 1766	27 MoReg 2303F	
CSR 10-9.628	Conservation Commission		27 MoReg 1766	27 MoReg 2303F	
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CSR 10-9.645	Conservation Commission		27 MoReg 989	27 MoReg 1485F	
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CSR 10-11.145	Conservation Commission		27 MoReg 991	27 MoReg 1486F	
CSR 10-11.155	Conservation Commission		27 MoReg 992	27 MoReg 1486F	
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CSR 50 5.010	Engineers, Professional Land Surve		27 MoReg 2127		
CSR 30-3.050	Missouri Board for Architects, Profe	essional			
CSR 30-4.010	Missouri Board for Architects, Profe Engineers, Professional Land Surve	essional	<u></u>		
CSR 30-4.020	Missouri Board for Architects, Profe Engineers, Professional Land Surve		27 MoReg 2128R		
CSR 30 4.060	Missouri Board for Architects, Profe Engineers, Professional Land Surve		28 MoReg 128		
CSR 30-4.090	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2129		
CSR 30-5.140	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2132		
CSR 30-5.150	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2135		
CSR 30-9.010	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2135R		
CSR 30-10.010	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2135		
CSR 30-11.010	Missouri Board for Architects, Profe Engineers, Professional Land Surve	eyors, and Landscape Architects	27 MoReg 2139		

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4 CSR 100	Division of Credit Unions				27 MoReg 2095
					27 MoReg 2224 28 MoReg 55
					28 MoReg 190
4 CSR 100-2.005	Division of Credit Unions		27 MoReg 1768	28 MoReg 169	
4 CSR 150-2.150 4 CSR 150-3.200	State Board of Registration for the Healing State Board of Registration for the Healing	g Arts	27 MoReg 2267 27 MoReg 2267		
4 CSR 150-3.210	State Board of Registration for the Healing		27 MoReg 2207 27 MoReg 1565	28 MoReg 49	
4 CSR 150-4.220	State Board of Registration for the Healing		27 MoReg 1568	28 MoReg 49	
4 CSR 150-5.100	State Board of Registration for the Healing		27 MoReg 2146		
4 CSR 150-6.080 4 CSR 150-7.320	State Board of Registration for the Healing State Board of Registration for the Healing		27 MoReg 1570	28 MoReg 50 28 MoReg 50	
4 CSR 150-7.320 4 CSR 150-8.140	State Board of Registration for the Healing		27 MoReg 1572 28 MoReg 139	26 Mokeg 30	
4 CSR 150-8.150	State Board of Registration for the Healing		27 MoReg 1574	28 MoReg 50	
4 CSR 196-1.010	Landscape Architectural Council		27 MoReg 2146R		
4 CSR 196-1.020 4 CSR 196-2.020	Landscape Architectural Council  Landscape Architectural Council		27 MoReg 2147R 27 MoReg 2147R		
4 CSR 196-2.020 4 CSR 196-2.030	Landscape Architectural Council		27 MoReg 2147R		
4 CSR 196-2.040	Landscape Architectural Council		27 MoReg 2148R		
4 CSR 196-3.010	Landscape Architectural Council		27 MoReg 2148R		
4 CSR 196-4.010 4 CSR 196-5.010	Landscape Architectural Council Landscape Architectural Council		27 MoReg 2148R		
4 CSR 196-5.010 4 CSR 196-6.010	Landscape Architectural Council  Landscape Architectural Council		27 MoReg 2148R 27 MoReg 2149R		
4 CSR 196-7.010	Landscape Architectural Council		27 MoReg 2149R		
4 CSR 196-9.010	Landscape Architectural Council		27 MoReg 2149R		
4 CSR 196-10.010	Landscape Architectural Council  Landscape Architectural Council		27 MoReg 2150R		
4 CSR 196-11.010 4 CSR 196-12.010	Landscape Architectural Council		27 MoReg 2150R 27 MoReg 2150R		
4 CSR 200-4.200	State Board of Nursing		27 MoReg 2150		
4 CSR 205-3.030	Missouri Board of Occupational Therapy		27 MoReg 2151		
4 CSR 205-3.040	Missouri Board of Occupational Therapy		27 MoReg 2152		
4 CSR 205-3.050 4 CSR 205-3.060	Missouri Board of Occupational Therapy Missouri Board of Occupational Therapy		27 MoReg 2152 27 MoReg 2152		
4 CSR 205-4.010	Missouri Board of Occupational Therapy		27 MoReg 2153		
4 CSR 205-5.010	Missouri Board of Occupational Therapy		27 MoReg 2153		
4 CSR 220-2.010	State Board of Pharmacy		27 MoReg 1267	27 MoReg 2222W	<u>,                                      </u>
4 CSR 220-2.020 4 CSR 220-2.025	State Board of Pharmacy State Board of Pharmacy		28 MoReg 9 27 MoReg 1270	27 MoReg 2304	
4 CSR 220-2.030	State Board of Pharmacy		27 MoReg 1270	27 MoReg 2304	
			27 MoReg 2268		
4 CSR 220-2.050	State Board of Pharmacy		27 MoReg 1271	27 MoReg 2304	
4 CSR 220-2.100 4 CSR 220-2.190	State Board of Pharmacy State Board of Pharmacy		27 MoReg 1271 27 MoReg 2268	27 MoReg 2304	
4 CSR 220-2.200	State Board of Pharmacy		28 MoReg 10R		
	·		28 MoReg 10		
4 CSR 220-2.400	State Board of Pharmacy		28 MoReg 20		
4 CSR 220-2.650 4 CSR 220-2.700	State Board of Pharmacy State Board of Pharmacy		28 MoReg 21 27 MoReg 2268		
4 CSR 230-2.070	State Board of Podiatric Medicine		28 MoReg 139		
4 CSR 232-3.010	Missouri State Committee of Interpreters		27 MoReg 2269		
4 CSR 240-2.060	Public Service Commission Public Service Commission		27 MoReg 1576		
4 CSR 240-2.200 4 CSR 240-3.010	Public Service Commission  Public Service Commission		27 MoReg 1578R 27 MoReg 1578		
4 CSR 240-3.015	Public Service Commission		27 MoReg 1580		
4 CSR 240-3.020	Public Service Commission		27 MoReg 1580		
4 CSR 240-3.025 4 CSR 240-3.030	Public Service Commission Public Service Commission		27 MoReg 1580 27 MoReg 1581		
4 CSR 240-3.000 4 CSR 240-3.100	Public Service Commission  Public Service Commission		27 MoReg 1581 27 MoReg 1582		
4 CSR 240-3.105	Public Service Commission		27 MoReg 1583		
4 CSR 240-3.110	Public Service Commission		27 MoReg 1584		
4 CSR 240-3.115 4 CSR 240-3.120	Public Service Commission Public Service Commission		27 MoReg 1584 27 MoReg 1585		
4 CSR 240-3.125 4 CSR 240-3.125	Public Service Commission  Public Service Commission		27 MoReg 1585 27 MoReg 1585		
4 CSR 240-3.130	Public Service Commission		27 MoReg 1586		
4 CSR 240-3.135	Public Service Commission		27 MoReg 1586		
4 CSR 240-3.140 4 CSR 240-3.145	Public Service Commission Public Service Commission		27 MoReg 1587 27 MoReg 1588		
4 CSR 240-3.143 4 CSR 240-3.150	Public Service Commission  Public Service Commission		27 MoReg 1588 27 MoReg 1591		
4 CSR 240-3.155	Public Service Commission		27 MoReg 1592		
4 CSR 240-3.160	Public Service Commission		27 MoReg 1593		
4 CSR 240-3.165 4 CSR 240-3.175	Public Service Commission Public Service Commission		27 MoReg 1593 27 MoReg 1594		
4 CSR 240-3.173 4 CSR 240-3.180	Public Service Commission  Public Service Commission		27 MoReg 1594 27 MoReg 1594		
4 CSR 240-3.185	Public Service Commission		27 MoReg 1595		
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# **Rule Changes Since Update**

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4 CSR 240-3.190	Public Service Commission		27 MoReg 1596		
4 CSR 240-3.200	Public Service Commission		27 MoReg 1597		
4 CSR 240-3.205	Public Service Commission		27 MoReg 1599		
4 CSR 240-3.210	Public Service Commission		27 MoReg 1600		
4 CSR 240-3.215	Public Service Commission		27 MoReg 1600		
4 CSR 240-3.220	Public Service Commission		27 MoReg 1601		
4 CSR 240-3.225	Public Service Commission		27 MoReg 1601		
4 CSR 240-3.230	Public Service Commission		27 MoReg 1602		
4 CSR 240-3.235	Public Service Commission		27 MoReg 1602		
4 CSR 240-3.240	Public Service Commission		27 MoReg 1603		
4 CSR 240-3.245	Public Service Commission		27 MoReg 1604		
4 CSR 240-3.250	Public Service Commission		27 MoReg 1604		
4 CSR 240-3.255	Public Service Commission		27 MoReg 1605		
4 CSR 240-3.260	Public Service Commission		27 MoReg 1606		
4 CSR 240-3.270	Public Service Commission		27 MoReg 1606		
4 CSR 240-3.275	Public Service Commission		27 MoReg 1607		
4 CSR 240-3.280	Public Service Commission		27 MoReg 1608		
4 CSR 240-3.285	Public Service Commission		27 MoReg 1608		
4 CSR 240-3.290	Public Service Commission		27 MoReg 1609		
4 CSR 240-3.295	Public Service Commission		27 MoReg 1609		
4 CSR 240-3.300	Public Service Commission		27 MoReg 1610		
4 CSR 240-3.305	Public Service Commission		27 MoReg 1610		
4 CSR 240-3.310	Public Service Commission		27 MoReg 1611		
4 CSR 240-3.315	Public Service Commission		27 MoReg 1611		
4 CSR 240-3.320	Public Service Commission		27 MoReg 1612		
4 CSR 240-3.325	Public Service Commission		27 MoReg 1612		
4 CSR 240-3.330	Public Service Commission		27 MoReg 1613		
4 CSR 240-3.335	Public Service Commission		27 MoReg 1614		
4 CSR 240-3.340	Public Service Commission		27 MoReg 1614		
4 CSR 240-3.400	Public Service Commission		27 MoReg 1616		
4 CSR 240-3.405	Public Service Commission		27 MoReg 1617		
4 CSR 240-3.410	Public Service Commission		27 MoReg 1617		
4 CSR 240-3.415	Public Service Commission  Public Service Commission		27 MoReg 1618		
4 CSR 240-3.420			27 MoReg 1618		
4 CSR 240-3.425 4 CSR 240-3.435	Public Service Commission  Public Service Commission		27 MoReg 1619		
4 CSR 240-3.433 4 CSR 240-3.500	Public Service Commission  Public Service Commission		27 MoReg 1620 27 MoReg 1620		
4 CSR 240-3.505	Public Service Commission		27 MoReg 1621		
4 CSR 240-3.510	Public Service Commission		27 MoReg 1621		
4 CSR 240-3.515	Public Service Commission		27 MoReg 1622		
4 CSR 240-3.520	Public Service Commission		27 MoReg 1622		
4 CSR 240-3.525	Public Service Commission		27 MoReg 1623		
4 CSR 240-3.530	Public Service Commission		27 MoReg 1624		
4 CSR 240-3.535	Public Service Commission		27 MoReg 1624		
4 CSR 240-3.540	Public Service Commission		27 MoReg 1625		
4 CSR 240-3.545	Public Service Commission		27 MoReg 1625		
4 CSR 240-3.550	Public Service Commission		27 MoReg 1630		
4 CSR 240-3.555	Public Service Commission		27 MoReg 1631		
4 CSR 240-3.600	Public Service Commission		27 MoReg 1632		
4 CSR 240-3.605	Public Service Commission		27 MoReg 1632		
4 CSR 240-3.610	Public Service Commission		27 MoReg 1633		
4 CSR 240-3.615	Public Service Commission		27 MoReg 1633		
4 CSR 240-3.620	Public Service Commission		27 MoReg 1634		
4 CSR 240-3.625	Public Service Commission		27 MoReg 1634		
4 CSR 240-3.630	Public Service Commission		27 MoReg 1635		
4 CSR 240-3.635	Public Service Commission		27 MoReg 1636		
4 CSR 240-3.640	Public Service Commission		27 MoReg 1636		
4 CSR 240-3.645	Public Service Commission		27 MoReg 1637		
4 CSR 240-10.070	Public Service Commission		27 MoReg 1638R		
4 CSR 240-10.080	Public Service Commission		27 MoReg 1638R		
4 CSR 240-13.055	Public Service Commission	26 MoReg 2259	27 MoReg 1639		
4 CSR 240-14.040	Public Service Commission		27 MoReg 1639R		
4 CSR 240-20.010	Public Service Commission		27 MoReg 1640R		
4 CSR 240-20.030	Public Service Commission		27 MoReg 1640		
4 CSR 240-20.060	Public Service Commission		27 MoReg 1641		
4 CSR 240-20.070	Public Service Commission		27 MoReg 1644		
4 CSR 240-20.080	Public Service Commission		27 MoReg 1646R		
4 CSR 240-21.010	Public Service Commission		27 MoReg 1646R		
4 CSR 240-30.010	Public Service Commission		27 MoReg 1646R	<u> </u>	
4 CSR 240-31.010	Public Service Commission		27 MoReg 2159		
4 CSR 240-31.050	Public Service Commission		27 MoReg 2160		
4 CSR 240-31.060	Public Service Commission		27 MoReg 2163		
4 CSR 240-31.065 4 CSR 240-32.030	Public Service Commission  Public Service Commission		27 MoReg 2166 27 MoReg 1647R		
7 CON 240-32.030	1 done betwee Commission		21 MUNES 104/K	•	

Rule Number	Agency	Emergency	Proposed	Order	In Addition
4 CSR 240-33.060	Public Service Commission		27 MoReg 1647		
4 CSR 240-33.070	Public Service Commission		27 MoReg 2169		
4 CSR 240-40.010	Public Service Commission		27 MoReg 1648R		
4 CSR 240-40.040	Public Service Commission		27 MoReg 1648		
4 CSR 240-45.010	Public Service Commission		27 MoReg 1649R		
4 CSR 240-50.010	Public Service Commission		27 MoReg 1650R		
4 CSR 240-51.010	Public Service Commission		27 MoReg 1650R		
4 CSR 240-60.030	Public Service Commission		27 MoReg 1650R		
4 CSR 240-80.010	Public Service Commission		27 MoReg 1651R		
4 CSR 240-80.020	Public Service Commission		27 MoReg 1651		
4 CSR 255-2.010	Missouri Board for Respiratory Care		27 MoReg 1275	27 MoReg 2304	
4 CSR 255-4.010	Missouri Board for Respiratory Care		27 MoReg 1276	27 MoReg 2304	
4 CSR 263-1.010	State Committee for Social Workers		27 MoReg 2169		
4 CSR 263-1.015	State Committee for Social Workers		27 MoReg 2170		
4 CSR 263-1.025	State Committee for Social Workers		27 MoReg 2170		
4 CSR 263-1.035	State Committee for Social Workers		27 MoReg 2170		
4 CSR 263-2.020	State Committee for Social Workers		27 MoReg 2171		
4 CSR 263-2.022	State Committee for Social Workers		27 MoReg 2171		
4 CSR 263-2.030	State Committee for Social Workers		27 MoReg 2171		
4 CSR 263-2.031	State Committee for Social Workers		27 MoReg 2172		
4 CSR 263-2.032	State Committee for Social Workers		27 MoReg 2173		
4 CSR 263-2.045	State Committee for Social Workers		27 MoReg 2174		
4 CSR 263-2.047	State Committee for Social Workers		27 MoReg 2174		
4 CSR 263-2.050	State Committee for Social Workers		27 MoReg 2178		
4 CSR 263-2.052	State Committee for Social Workers		27 MoReg 2178		
4 CSR 263-2.060	State Committee for Social Workers		27 MoReg 2182		
4 CSR 263-2.062	State Committee for Social Workers		27 MoReg 2182		
4 CSR 263-2.070	State Committee for Social Workers		27 MoReg 2186		
4 CSR 263-2.072	State Committee for Social Workers		27 MoReg 2186		
4 CSR 263-2.075	State Committee for Social Workers		27 MoReg 2186		
4 CSR 265-2.070	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2259	27 MoReg 2269		
4 CSR 265-2.080	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2260	27 MoReg 2270		
4 CSR 265-2.085	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2260	27 MoReg 2270		
4 CSR 265-2.090	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2260	27 MoReg 2270		
4 CSR 265-2.100	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2261	27 MoReg 2271		
4 CSR 265-2.110	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2261	27 MoReg 2271		
4 CSR 265-2.115	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2262	27 MoReg 2271		
4 CSR 265-2.116	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2262	27 MoReg 2272		
4 CSR 265-2.120	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2262	27 MoReg 2272		
4 CSR 265-2.130	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2263	27 MoReg 2272		
4 CSR 265-2.140	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2263	27 MoReg 2273		
4 CSR 265-2.150	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2263	27 MoReg 2273		
4 CSR 265-4.010	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2264	27 MoReg 2273		
4 CSR 265-4.020	Division of Motor Carrier and				
	Railroad Safety	27 MoReg 2264	27 MoReg 2274		
4 CSR 267-1.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1652	28 MoReg 50	
4 CSR 267-1.020	Office of Tattooing, Body Piercing and Bra		27 MoReg 1653	28 MoReg 50	
4 CSR 267-1.030	Office of Tattooing, Body Piercing and Bra		27 MoReg 1657	28 MoReg 51	
4 CSR 267-2.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1660	28 MoReg 51	
4 CSR 267-2.020	Office of Tattooing, Body Piercing and Bra		27 MoReg 1664	28 MoReg 51	
4 CSR 267-2.030	Office of Tattooing, Body Piercing and Bra		27 MoReg 1664	28 MoReg 51	
4 CSR 267-3.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1668	28 MoReg 51	
4 CSR 267-4.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1670	28 MoReg 52	
4 CSR 267-5.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1673	28 MoReg 52	
4 CSR 267-5.020	Office of Tattooing, Body Piercing and Bra		27 MoReg 1676	28 MoReg 52	
4 CSR 267-5.030	Office of Tattooing, Body Piercing and Bra		27 MoReg 1678	28 MoReg 52	
4 CSR 267-5.040	Office of Tattooing, Body Piercing and Bra		27 MoReg 1681	28 MoReg 52	
4 CSR 267-6.010	Office of Tattooing, Body Piercing and Bra		27 MoReg 1683	28 MoReg 53	
4 CSR 267-6.020	Office of Tattooing, Body Piercing and Bra		27 MoReg 1685	28 MoReg 53	
4 CSR 267-6.030	Office of Tattooing, Body Piercing and Bra	inaing	27 MoReg 1687	28 MoReg 53	

# **Rule Changes Since Update**

Rule Number	Agency Emergency	Proposed	Order	In Addition
	ELEMENTARY AND SECONDARY EDUCATION			
CSR 30-4.030	Division of Administrative and Financial Services	27 MoReg 1937R		
CCD 20 ((0 070	B::: (A1:::::::::::::::::::::::::::::::::	27 MoReg 1938		
CSR 30-660.070	Division of Administrative and Financial Services	27 MoReg 2191		
CSR 50-270.010	Division of School Improvement	27 MoReg 2191		
CSR 50-340.150	Division of School Improvement	27 MoReg 2193		
CSR 50-380.020	Division of School Improvement	27 MoReg 2196		
CSR 60-100.020	Vocational and Adult Education	27 MoReg 1941		
CSR 60-480.100	Vocational and Adult Education	27 MoReg 1943R		
		27 MoReg 1943		
CSR 60-900.050	Vocational and Adult Education	27 MoReg 1947		
CSR 80-800.200	Teacher Quality and Urban Education	27 MoReg 1689		
CSR 80-800.220	Teacher Quality and Urban Education	27 MoReg 1690		
CSR 80-800.230	Teacher Quality and Urban Education	27 MoReg 1691		
CSR 80-800.260	Teacher Quality and Urban Education	27 MoReg 1693		
CSR 80-800.270	Teacher Quality and Urban Education	27 MoReg 1695		
CSR 80-800.280	Teacher Quality and Urban Education	27 MoReg 1696		
CSR 80-800.300	Teacher Quality and Urban Education	27 MoReg 1696		
CSR 80-800.350	Teacher Quality and Urban Education	27 MoReg 1698		
CSR 80-800.360	Teacher Quality and Urban Education	27 MoReg 1702		
CSR 80-800.370	Teacher Quality and Urban Education	27 MoReg 1703		
CSR 80-800.380	Teacher Quality and Urban Education	27 MoReg 1768		27 MoReg 2017
CSR 80-805.015	Teacher Quality and Urban Education	27 MoReg 1950		
CSR 80-805.040	Teacher Quality and Urban Education	27 MoReg 1950		
CSR 80-850.045	Teacher Quality and Urban Education	27 MoReg 2198		
CSR 90-4.300	Vocational Rehabilitation	27 MoReg 1703		
GGD 40 2 040	DEPARTMENT OF TRANSPORTATION	25.16.5		
CSR 10-3.010	Missouri Highways and Transportation Commission	27 MoReg 2058		
CSR 10-3.040	Missouri Highways and Transportation Commission	27 MoReg 2063		
CSR 10-10.010	Missouri Highways and Transportation Commission	28 MoReg 21		
CSR 10-10.030	Missouri Highways and Transportation Commission	28 MoReg 23		
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	Missouri Highways and Transportation Commission	28 MoReg 23		
CSR 10-10.050	Missouri Highways and Transportation Commission	28 MoReg 24		
CSR 10-10.050 CSR 10-10.060	Missouri Highways and Transportation Commission Missouri Highways and Transportation Commission	28 MoReg 24 28 MoReg 24		
CSR 10-10.040 CSR 10-10.050 CSR 10-10.060 CSR 10-10.070	Missouri Highways and Transportation Commission Missouri Highways and Transportation Commission Missouri Highways and Transportation Commission	28 MoReg 24 28 MoReg 24 28 MoReg 25		
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080	Missouri Highways and Transportation Commission Missouri Highways and Transportation Commission	28 MoReg 24 28 MoReg 24		
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELACEMENT	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26	27 MoDag 2305	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELAT Division of Employment Security	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26	27 MoReg 2305	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090 CSR 10-3.010	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELAT Division of Employment Security  DEPARTMENT OF MENTAL HEALTH	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26  TIONS 27 MoReg 1454	27 MoReg 2305	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090 CSR 10-3.010	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONSION OF Employment Security  DEPARTMENT OF MENTAL HEALTH Director, Department of Mental Health  27 MoReg 18	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26  TIONS 27 MoReg 1454	Ţ.	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090  CSR 10-3.010  CSR 10-5.200 CSR 10-7.020	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONSION OF Employment Security  DEPARTMENT OF MENTAL HEALTH Director, Department of Mental Health  27 MoReg 18 Director, Department of Mental Health	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26  TIONS 27 MoReg 1454  58T 27 MoReg 1455	27 MoReg 2305 This Issue	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090  CSR 10-3.010  CSR 10-5.200 CSR 10-7.020 CSR 10-7.110	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONSION OF Employment Security  DEPARTMENT OF MENTAL HEALTH Director, Department of Mental Health	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26  TIONS 27 MoReg 1454  58T 27 MoReg 1455 27 MoReg 1772	Ţ.	
CSR 10-10.050 CSR 10-10.060 CSR 10-10.070 CSR 10-10.080 CSR 10-10.090  CSR 10-3.010  CSR 10-5.200 CSR 10-7.020 CSR 10-7.110 CSR 10-7.130	Missouri Highways and Transportation Commission  DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONISION OF Employment Security  DEPARTMENT OF MENTAL HEALTH Director, Department of Mental Health	28 MoReg 24 28 MoReg 24 28 MoReg 25 28 MoReg 26 28 MoReg 26 28 MoReg 26  TIONS 27 MoReg 1454  58T 27 MoReg 1455 27 MoReg 1772 27 MoReg 1951	Ţ.	
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11 CSR 10-5.010	Adjutant General	27 MoReg 1249	27 MoReg 1277	27 MoReg 2305	
11 CSR 10-6.010	Adjutant General	<u>U</u>	27 MoReg 2285		
11 CSR 40-2.010	Division of Fire Safety		27 MoReg 1952R		
	•		27 MoReg 1953		
11 CSR 40-2.015	Division of Fire Safety		27 MoReg 1954		
11 CSR 40-2.020	Division of Fire Safety		27 MoReg 1954R		
11 CSR 40-2.021	Division of Fire Safety		27 MoReg 1955		
11 CSR 40-2.022	Division of Fire Safety		27 MoReg 1955		
11 CSR 40-2.030	Division of Fire Safety		27 MoReg 1958R		
	•		27 MoReg 1958		
11 CSR 40-2.040	Division of Fire Safety		27 MoReg 1960R		
	•		27 MoReg 1960		
11 CSR 40-2.050	Division of Fire Safety		27 MoReg 1961R		
	•		27 MoReg 1962		
11 CSR 40-2.060	Division of Fire Safety		27 MoReg 1962R		
11 CSR 40-2.061	Division of Fire Safety		27 MoReg 1963		
11 CSR 40-2.062	Division of Fire Safety		27 MoReg 1963		
11 CSR 40-2.064	Division of Fire Safety		27 MoReg 1963		
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11 CSR 40-5.080	Division of Fire Safety		28 MoReg 33		
11 CSR 40-5.110	Division of Fire Safety		27 MoReg 1869		
11 CSR 40-5.120	Division of Fire Safety		28 MoReg 33		
11 CSR 45-4.060	Missouri Gaming Commission		27 MoReg 1471	This Issue	
11 CSR 45-4.260	Missouri Gaming Commission		28 MoReg 34		
11 CSR 45-5.200	Missouri Gaming Commission		27 MoReg 1785	This Issue	
11 CSR 45-7.040	Missouri Gaming Commission				26 MoReg 2184
11 CSR 50-2.500	Missouri State Highway Patrol		27 MoReg 2200		<u>`</u>
11 CSR 50-2.510	Missouri State Highway Patrol		27 MoReg 2200		
11 CSR 50-2.520	Missouri State Highway Patrol		27 MoReg 2201		
11 CSR 75-13.020	Peace Officer Standards and Training Progra	am	27 MoReg 2202		
11 CSR 75-14.050	Peace Officer Standards and Training Progra		27 MoReg 2288		
11 CSR 75-14.080	Peace Officer Standards and Training Progra		27 MoReg 2202		
11 CSR 75-15.030	Peace Officer Standards and Training Progra		27 MoReg 2203		
	DEPARTMENT OF REVENUE				
12 CSR 10-2.045	Director of Revenue		27 MoReg 2203		
12 CSR 10-3.010	Director of Revenue		27 MoReg 2288R		
12 CSR 10-3.038	Director of Revenue		27 MoReg 2288R		
12 CSR 10-3.048	Director of Revenue		27 MoReg 2289R		
12 CSR 10-3.088	Director of Revenue		27 MoReg 2289R		
12 CSR 10-3.124	Director of Revenue		27 MoReg 2063R		
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12 CSR 10-3.148	Director of Revenue		27 MoReg 2289R		
12 CSR 10-3.148 12 CSR 10-3.150			27 MoReg 2290R		
12 CSR 10-3.150					
12 CSR 10-3.150 12 CSR 10-3.222	Director of Revenue				
12 CSR 10-3.150 12 CSR 10-3.222 12 CSR 10-3.226	Director of Revenue Director of Revenue		27 MoReg 2290R		
12 CSR 10-3.150 12 CSR 10-3.222 12 CSR 10-3.226 12 CSR 10-3.230	Director of Revenue Director of Revenue Director of Revenue		27 MoReg 2290R 27 MoReg 2290R		
12 CSR 10-3.150 12 CSR 10-3.222 12 CSR 10-3.226 12 CSR 10-3.230 12 CSR 10-3.232	Director of Revenue Director of Revenue Director of Revenue Director of Revenue		27 MoReg 2290R 27 MoReg 2290R 27 MoReg 2290R		
12 CSR 10-3.150 12 CSR 10-3.222 12 CSR 10-3.226 12 CSR 10-3.230 12 CSR 10-3.232 12 CSR 10-3.370	Director of Revenue		27 MoReg 2290R 27 MoReg 2290R 27 MoReg 2290R 27 MoReg 2291R		
12 CSR 10-3.150 12 CSR 10-3.222 12 CSR 10-3.226 12 CSR 10-3.230 12 CSR 10-3.232	Director of Revenue Director of Revenue Director of Revenue Director of Revenue		27 MoReg 2290R 27 MoReg 2290R 27 MoReg 2290R		

# **Rule Changes Since Update**

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12 CSR 10-3.358	Director of Revenue		27 MoReg 2292R		
12 CSR 10-3.372	Director of Revenue		27 MoReg 2292R		
12 CSR 10-3.422	Director of Revenue		27 MoReg 2292R		
12 CSR 10-3.500	Director of Revenue		27 MoReg 2292R		
12 CSR 10-3.514	Director of Revenue		27 MoReg 2293R		
12 CSR 10-3.532	Director of Revenue		27 MoReg 2293R		
12 CSR 10-3.538	Director of Revenue		27 MoReg 2293R		
12 CSR 10-3.860 12 CSR 10-23.454	Director of Revenue Director of Revenue		27 MoReg 2293R 27 MoReg 1785	28 MoReg 169	
12 CSR 10-23.434 12 CSR 10-24.020	Director of Revenue		27 MoReg 1785 27 MoReg 1785	28 MoReg 169	
12 CSR 10-24.120	Director of Revenue		27 MoReg 2294	20 1110100 107	
12 CSR 10-24.190	Director of Revenue		27 MoReg 2294		
12 CSR 10-24.305	Director of Revenue		27 MoReg 2295		
12 CSR 10-24.395	Director of Revenue		27 MoReg 2295		
12 CSR 10-24.448	Director of Revenue	28 MoReg 5	28 MoReg 34		
12 CSR 10-24.472	Director of Revenue		27 MoReg 2295		
12 CSR 10-26.010	Director of Revenue		27 MoReg 1786	28 MoReg 169	
12 CSR 10-26.020	Director of Revenue		27 MoReg 1786	28 MoReg 169	
12 CSR 10-26.060	Director of Revenue		27 MoReg 1964		
12 CSR 10-26.090	Director of Revenue		27 MoReg 1787	28 MoReg 170	
12 CSR 10-26.100	Director of Revenue	27 MaD : 2125	28 MoReg 150R		
12 CSR 10-41.010	Director of Revenue	27 MoReg 2125	27 MoReg 2209		
12 CSR 10-110.600	Director of Revenue Director of Revenue		27 MoReg 2064 27 MoReg 2296		
12 CSR 10-110-900 12 CSR 10-110.950	Director of Revenue		27 MoReg 2296 27 MoReg 2064		
12 CSR 10-110.930 12 CSR 10-111.010	Director of Revenue		27 MoReg 2004 27 MoReg 2065		
12 CSR 10-111.060	Director of Revenue		27 MoReg 2003 27 MoReg 2068		
12 CSR 40-50.010	State Tax Commission		27 MoReg 1787	This Issue	
12 CSR 40-80.080	State Tax Commission		27 MoReg 1787	This Issue	
13 CSR 40-19.020 13 CSR 40-30.020 13 CSR 40-30.030	Division of Family Services Division of Family Services Division of Family Services Division of Family Services	27 MoReg 1858 27 MoReg 2265 27 MoReg 1164	27 MoReg 1872 27 MoReg 2299 27 MoReg 1206	27 MoReg 2222W	
13 CSR 40-31.025	Division of Family Services		28 MoReg 34		
13 CSR 70-3.020	Division of Medical Services		27 MoReg 1472	28 MoReg 170	
13 CSR 70-10.015	Division of Medical Services	29 MaDag 102	27 MoReg 1473	27 MoReg 2306	
13 CSR 70-10.150	Division of Medical Services	28 MoReg 103 27 MoReg 2051	28 MoReg 150 27 MoReg 2069		27 MoReg 1125
13 CSR 70-10.150 13 CSR 70-15.040	Division of Medical Services	27 MoReg 2031 27 MoReg 1168	27 MoReg 2009 27 MoReg 1210	27 MoReg 2306	27 WORCE 1123
13 CSR 70-15.160	Division of Medical Services	27 MoReg 1169	27 MoReg 1213	27 MoReg 2308	
13 CSR 70-15.170	Division of Medical Services	27 MoReg 1170			
13 CSR 70-20.031	Division of Medical Services	27 MoReg 1170	27 MoReg 1215	27 MoReg 2310	
13 CSR 70-20.032	Division of Medical Services	27 MoReg 1171	27 MoReg 1215	27 MoReg 2310	
13 CSR 70-20.034	Division of Medical Services	27 MoReg 1172	27 MoReg 1216	27 MoReg 2310	
13 CSR 70-20.320	Division of Medical Services	27 MoReg 1173	27 MoReg 1320	28 MoReg 53	
13 CSR 70-26.010	Division of Medical Services		27 MoReg 1477	27 MoReg 2311	
13 CSR 70-35.010	Division of Medical Services				
	Division of Medical Services	27 MoReg 1174	27 MoReg 1324		
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13 CSR 70-40.010	Division of Medical Services		27 MoReg 1326	28 MoReg 170	
13 CSR 70-60.010	Division of Medical Services Division of Medical Services	28 MoReg 5T	27 MoReg 1326 27 MoReg 2209	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010	Division of Medical Services Division of Medical Services Division of Medical Services	28 MoReg 5T	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010	Division of Medical Services Division of Medical Services Division of Medical Services Division of Medical Services ELECTED OFFICIALS	28 MoReg 5T 27 MoReg 1176	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010	Division of Medical Services Division of Medical Services Division of Medical Services Division of Medical Services ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010	Division of Medical Services Division of Medical Services Division of Medical Services Division of Medical Services  Division of Medical Services  ELECTED OFFICIALS Secretary of State Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1934	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2072 27 MoReg 2072	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020	Division of Medical Services  ELECTED OFFICIALS Secretary of State Secretary of State Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2072 27 MoReg 2074 27 MoReg 2076	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-9.040	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1934	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2215 27 MoReg 2072 27 MoReg 2074 27 MoReg 2076 27 MoReg 2078	28 MoReg 170	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2215 27 MoReg 2072 27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34	<b>V</b>	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010  15 CSR 30-3.010 15 CSR 30-8.010  15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030 15 CSR 30-51.160	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2072 27 MoReg 2072 27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34 27 MoReg 1788	28 MoReg 171	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215 27 MoReg 2072 27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34 27 MoReg 1788 27 MoReg 1788	28 MoReg 171 28 MoReg 171R	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010  15 CSR 30-3.010 15 CSR 30-8.010  15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030 15 CSR 30-51.160 15 CSR 30-52.010	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215  27 MoReg 2072  27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 2078 28 MoReg 34 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788	28 MoReg 171 28 MoReg 171R 28 MoReg 171	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030 15 CSR 30-51.160 15 CSR 30-52.010 15 CSR 30-52.015	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215  27 MoReg 2072  27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34 27 MoReg 1788	28 MoReg 171 28 MoReg 171R 28 MoReg 171 28 MoReg 171	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030 15 CSR 30-51.160 15 CSR 30-52.010	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215  27 MoReg 2072  27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 2078 28 MoReg 34 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788	28 MoReg 171 28 MoReg 171R 28 MoReg 171	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.020 15 CSR 30-9.040 15 CSR 30-50.030 15 CSR 30-51.160 15 CSR 30-52.010 15 CSR 30-52.015	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215  27 MoReg 2072  27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34 27 MoReg 1788 27 MoReg 1789 27 MoReg 1789	28 MoReg 171 28 MoReg 171R 28 MoReg 171 28 MoReg 171 28 MoReg 172R	
13 CSR 70-60.010 13 CSR 70-65.010 13 CSR 70-65.010 13 CSR 70-70.010 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-50.030 15 CSR 30-51.160 15 CSR 30-52.010 15 CSR 30-52.010	Division of Medical Services  ELECTED OFFICIALS Secretary of State	28 MoReg 5T 27 MoReg 1176 27 MoReg 1933 27 MoReg 1934 27 MoReg 1934 27 MoReg 1935	27 MoReg 1326 27 MoReg 2209 27 MoReg 2213 27 MoReg 2215  27 MoReg 2215  27 MoReg 2072  27 MoReg 2074 27 MoReg 2076 27 MoReg 2078 28 MoReg 34 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788 27 MoReg 1788 27 MoReg 1789 27 MoReg 1789 27 MoReg 1789 27 MoReg 1790	28 MoReg 171 28 MoReg 171R 28 MoReg 171 28 MoReg 171 28 MoReg 172R 28 MoReg 172R	

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15 CSR 30-52.040	Secretary of State		27 MoReg 1792R	28 MoReg 173R	
15 CSR 30-52.050	Secretary of State		27 MoReg 1792R	28 MoReg 173R	
15 CSR 30-52.060	Secretary of State		27 MoReg 1792R	28 MoReg 173R	
15 CSR 30-52.070	Secretary of State		27 MoReg 1792R	28 MoReg 173R	
15 CSR 30-52.080	Secretary of State		27 MoReg 1793R	28 MoReg 173R	
15 CSR 30-52.100	Secretary of State		27 MoReg 1793R	28 MoReg 174R	
15 CCD 20 52 110	C		27 MoReg 1793	28 MoReg 174	
15 CSR 30-52.110 15 CSR 30-52.120	Secretary of State		27 MoReg 1794R	28 MoReg 174R 28 MoReg 174R	
15 CSK 50-52.120	Secretary of State		27 MoReg 1794R 27 MoReg 1794	28 MoReg 174R 28 MoReg 174	
15 CSR 30-52.130	Secretary of State		27 MoReg 1794 27 MoReg 1795R	28 MoReg 174R	
15 CSR 30-52.140	Secretary of State		27 MoReg 1795R		
15 CSR 30-52.150	Secretary of State		27 MoReg 1795R		
15 CSR 30-52.160	Secretary of State		27 MoReg 1796R	28 MoReg 175R	
15 CSR 30-52.180	Secretary of State		27 MoReg 1796R		
15 CSR 30-52.190	Secretary of State		27 MoReg 1796R	28 MoReg 175R	
15 CSR 30-52.200	Secretary of State		27 MoReg 1797R	28 MoReg 175R	
			27 MoReg 1797	28 MoReg 176	
15 CSR 30-52.210	Secretary of State		27 MoReg 1797R	28 MoReg 176R	
15 CSR 30-52.230	Secretary of State		27 MoReg 1797R	28 MoReg 176R	
15 CSR 30-52.250	Secretary of State		27 MoReg 1798R	28 MoReg 176R	
15 CSR 30-52.260	Secretary of State		27 MoReg 1798R		
15 COD 20 52 254	0		27 MoReg 1798	28 MoReg 176	
15 CSR 30-52.271	Secretary of State		27 MoReg 1799R	28 MoReg 177R	
15 CSR 30-52.272 15 CSR 30-52.273	Secretary of State Secretary of State		27 MoReg 1799R 27 MoReg 1799R	28 MoReg 177R	
15 CSR 30-52.275	Secretary of State		27 MoReg 1799R 27 MoReg 1800R	28 MoReg 177R 28 MoReg 177R	
13 CSK 30-32.273	Secretary of State		27 MoReg 1800R 27 MoReg 1800	28 MoReg 177R	
15 CSR 30-52.280	Secretary of State		27 MoReg 1800 27 MoReg 1800R	28 MoReg 178R	
13 CSR 30-32.200	Secretary of State		27 MoReg 1800 27 MoReg 1801	28 MoReg 178	
15 CSR 30-52.290	Secretary of State		27 MoReg 1801R	28 MoReg 178R	
15 CSR 30-52.300	Secretary of State		27 MoReg 1801R	28 MoReg 178R	
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15 CSR 30-52.310	Secretary of State		27 MoReg 1802R	28 MoReg 178R	
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15 CSR 30-52.320	Secretary of State		27 MoReg 1803R		
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15 CSR 30-52.330	Secretary of State		27 MoReg 1803R		
15 CCD 20 52 240	0.00		27 MoReg 1804	28 MoReg 179	
15 CSR 30-52.340	Secretary of State Secretary of State		27 MoReg 1804	28 MoReg 179	
15 CSR 30-52.350	Secretary of State		27 MoReg 1804R	28 MoReg 180R	
15 CSR 30-90.010 15 CSR 30-90.020	Secretary of State		27 MoReg 1965 27 MoReg 1965		
15 CSR 30-90.020	Secretary of State		27 MoReg 1966		
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15 CSR 30-90.050	Secretary of State		27 MoReg 1966		
15 CSR 30-90.060	Secretary of State		27 MoReg 1967		
15 CSR 30-90.070	Secretary of State		27 MoReg 1967		
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15 CSR 30-90.130 15 CSR 30-90.140	Secretary of State Secretary of State		27 MoReg 1971 27 MoReg 1971		
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15 CSR 30-90.100 15 CSR 30-90.170	Secretary of State		27 MoReg 1972 27 MoReg 1972		
15 CSR 30-90.180	Secretary of State		27 MoReg 1972		
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15 CSR 30-90.200	Secretary of State		27 MoReg 1973		
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15 CSR 30-90.220	Secretary of State		27 MoReg 1975		
15 CSR 30-90.230	Secretary of State		27 MoReg 1975		
15 CSR 30-90.240	Secretary of State	27.34.0 2215	27 MoReg 1976		
15 CSR 30-200.030	Secretary of State	27 MoReg 2215	27 MoReg 2217		

# **Rule Changes Since Update**

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6 CSR 10-5.080	The Public School Retirement System of Mi	issouri	27 MoReg 1280	28 MoReg 54	
6 CSR 10-6.065	The Public School Retirement System of Mi	issouri	27 MoReg 1281	28 MoReg 54	
6 CSR 40-3.130	Highway and Transportation Employees and		27.1.7. 2210		
	Highway Patrol Retirement System		27 MoReg 2219		
5 CSR 50-2.020	The County Employees' Retirement Fund		28 MoReg 155		
5 CSR 50-2.040	The County Employees' Retirement Fund		28 MoReg 155		
CSR 50-2.080	The County Employees' Retirement Fund		28 MoReg 156		
6 CSR 50-2.090	The County Employees' Retirement Fund		28 MoReg 156		
5 CSR 50-3.010	The County Employees' Retirement Fund		28 MoReg 157		
6 CSR 50-10.030	The County Employees' Retirement Fund		27 MoReg 2219		
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CSR 20-20.020	Office of the Director	28 MoReg 7	28 MoReg 36		
CSR 20-28.010	Division of Environmental Health and				
	Communicable Disease Prevention		27 MoReg 1874	28 MoReg 180	
CSR 60-50	Missouri Health Facilities Review				27 MoReg 1826
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CSR 60-50.300	Missouri Health Facilities Review	28 MoReg 106R	28 MoReg 157R		26 Mokeg 33
	A STATE OF THE STA	28 MoReg 106	28 MoReg 157R		
CSR 60-50.400	Missouri Health Facilities Review	28 MoReg 108R	28 MoReg 159R		
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CSR 60-50.410	Missouri Health Facilities Review	28 MoReg 110R	28 MoReg 160R		
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CSR 60-50.420	Missouri Health Facilities Review				
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CSR 60-50.430	Missouri Health Facilities Review	28 MoReg 113R	28 MoReg 162R		
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CSR 60-50.450	Missouri Health Facilities Review	28 MoReg 115R	28 MoReg 164R		
		28 MoReg 116	28 MoReg 164		
CSR 60-50.700	Missouri Health Facilities Review	28 MoReg 117R	28 MoReg 166R		
		28 MoReg 117	28 MoReg 166		
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O CSR	DEPARTMENT OF INSURANCE Medical Malpractice				25 MoReg 597 26 MoReg 599
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) CSR					26 MoReg 599
	Medical Malpractice				26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
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CSR CSR 100-1.010	Medical Malpractice  Sovereign Immunity Limits		28 MoReg 166	27 MoReg 2311 27 MoReg 2311	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
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CSR 100-1.010 CSR 100-1.020 CSR 100-1.060	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs  Division of Consumer Affairs		28 MoReg 166  27 MoReg 1327 27 MoReg 1328		26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs  Division of Consumer Affairs  Division of Consumer Affairs		28 MoReg 166  27 MoReg 1327 27 MoReg 1328 27 MoReg 2300	27 MoReg 2311	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs		28 MoReg 166  27 MoReg 1327 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1988	27 MoReg 2311 27 MoReg 2311	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1328 27 MoReg 1988 27 MoReg 1329	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1988 27 MoReg 1329 27 MoReg 1329	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311 28 MoReg 180	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Financial Examination Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311 28 MoReg 180 27 MoReg 2311	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Financial Examination Financial Examination Financial Examination Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1330	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100 CSR 200-6.300	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181 27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100 CSR 200-6.500 CSR 200-6.500	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333	27 MoReg 2311 27 MoReg 2311 27 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181 27 MoReg 2312 27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100 CSR 200-6.300 CSR 200-6.500 CSR 200-8.100	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Pinancial Examination Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333	27 MoReg 2311 27 MoReg 2311 28 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181 27 MoReg 2312 27 MoReg 2312 28 MoReg 183	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.300 CSR 200-6.500 CSR 200-8.100 CSR 200-8.100 CSR 200-8.100 CSR 200-10.200	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341	27 MoReg 2311 27 MoReg 2311 28 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181 27 MoReg 2312 27 MoReg 2312 28 MoReg 183 27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-1.200 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100 CSR 200-6.500 CSR 200-6.500 CSR 200-8.100 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.100 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-10.200 CSR 200-10.200 CSR 200-1.010	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1341	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-8.100 CSR 200-10.200 CSR 300-2.200 CSR 400-1.010 CSR 400-1.010 CSR 400-1.020	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1343 27 MoReg 1343 27 MoReg 1344	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.300 CSR 200-6.300 CSR 200-6.500 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200 CSR 200-1.010 CSR 200-1.010 CSR 200-1.010 CSR 200-1.010 CSR 400-1.010 CSR 400-1.030	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health Life, Annuities and Health Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1344	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 2312  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-10.200 CSR 300-2.200 CSR 400-1.010 CSR 400-1.020 CSR 400-1.030 CSR 400-1.030 CSR 400-1.150	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Market Conduct Examination Market Conduct Examination Life, Annuities and Health Life, Annuities and Health Life, Annuities and Health Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-3.300 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-1.010 CSR 200-10.200 CSR 300-2.200 CSR 400-1.020 CSR 400-1.030 CSR 400-1.030 CSR 400-1.030 CSR 400-1.150	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health Life, Annuities and Health Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1344	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  28 MoReg 181  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
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CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.300 CSR 200-6.300 CSR 200-6.300 CSR 200-6.00 CSR 200-0.500 CSR 200-1.010 CSR 200-10.200 CSR 200-10.200 CSR 400-1.010 CSR 400-1.030 CSR 400-1.050 CSR 400-1.050 CSR 400-1.050 CSR 400-1.050 CSR 400-1.050 CSR 400-1.050 CSR 400-2.010 CSR 400-2.010	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1345 27 MoReg 1347 27 MoReg 1352	27 MoReg 2311 27 MoReg 2311 28 MoReg 180 27 MoReg 2311 28 MoReg 181 27 MoReg 2312 27 MoReg 2312 27 MoReg 2312 28 MoReg 183 27 MoReg 2312 28 MoReg 183 27 MoReg 2312 27 MoReg 2313 27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-1.200 CSR 200-1.010 CSR 200-2.700 CSR 200-3.300 CSR 200-6.100 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-1.010 CSR 200-1.010 CSR 200-1.010 CSR 200-1.010 CSR 400-1.010 CSR 400-2.010 CSR 400-2.010 CSR 400-2.060 CSR 400-2.090	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Pinancial Examination Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1345 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  28 MoReg 181  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.100 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-8.100 CSR 200-1.010 CSR 200-1.010 CSR 200-1.010 CSR 400-1.010 CSR 400-1.010 CSR 400-1.010 CSR 400-1.010 CSR 400-1.010 CSR 400-1.010 CSR 400-2.010 CSR 400-2.010 CSR 400-2.060 CSR 400-2.090 CSR 400-2.130	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1345 27 MoReg 1347 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1353	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2313  27 MoReg 2313  27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.300 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-10.200 CSR 200-1.010 CSR 200-1.010 CSR 200-1.020 CSR 400-1.020 CSR 400-1.030 CSR 400-1.030 CSR 400-2.060 CSR 400-2.060 CSR 400-2.060 CSR 400-2.090 CSR 400-2.130 CSR 400-3.650	Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1345 27 MoReg 1345 27 MoReg 1345 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1353 27 MoReg 1353	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  28 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2313  27 MoReg 2313  27 MoReg 2313  27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.500 CSR 200-6.500 CSR 200-6.500 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200 CSR 400-1.010 CSR 400-2.010 CSR 400-2.010 CSR 400-2.050 CSR 400-3.650 CSR 400-3.650 CSR 400-4.100	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1344 27 MoReg 1345 27 MoReg 1345 27 MoReg 1345 27 MoReg 1345 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1353 27 MoReg 1353 27 MoReg 1362 27 MoReg 1362 27 MoReg 1369	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  28 MoReg 181  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-3.300 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-6.500 CSR 200-1.010 CSR 200-10.200 CSR 300-2.200 CSR 400-1.020 CSR 400-1.030 CSR 400-1.030 CSR 400-2.010 CSR 400-2.010 CSR 400-2.010 CSR 400-2.010 CSR 400-2.030 CSR 400-2.050 CSR 400-2.050 CSR 400-3.650 CSR 400-3.650 CSR 400-4.100 CSR 400-5.100	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Pinacial Examination Financial Examination Market Conduct Examination Market Conduct Examination Market Conduct Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1344 27 MoReg 1345 27 MoReg 1345 27 MoReg 1347 27 MoReg 1345 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1353 27 MoReg 1360 27 MoReg 1371	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  28 MoReg 181  27 MoReg 2312  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312  27 MoReg 2312  27 MoReg 2313  27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41
CSR 100-1.010 CSR 100-1.020 CSR 100-1.020 CSR 100-1.060 CSR 100-1.200 CSR 100-6.110 CSR 200-1.010 CSR 200-2.700 CSR 200-6.300 CSR 200-6.300 CSR 200-6.500 CSR 200-6.500 CSR 200-10.200 CSR 200-10.200 CSR 200-10.200 CSR 400-1.010 CSR 400-1.030 CSR 400-1.030 CSR 400-1.030 CSR 400-1.030 CSR 400-1.050 CSR 400-2.010	Medical Malpractice  Sovereign Immunity Limits  Division of Consumer Affairs Financial Examination Life, Annuities and Health		27 MoReg 1327 27 MoReg 1328 27 MoReg 1328 27 MoReg 2300 27 MoReg 1328 27 MoReg 1329 27 MoReg 1330 27 MoReg 1330 27 MoReg 1333 27 MoReg 1333 27 MoReg 1334 27 MoReg 1341 27 MoReg 1341 27 MoReg 1344 27 MoReg 1344 27 MoReg 1344 27 MoReg 1345 27 MoReg 1345 27 MoReg 1345 27 MoReg 1345 27 MoReg 1352 27 MoReg 1352 27 MoReg 1352 27 MoReg 1353 27 MoReg 1353 27 MoReg 1362 27 MoReg 1362 27 MoReg 1369	27 MoReg 2311  27 MoReg 2311  28 MoReg 180  27 MoReg 2311  28 MoReg 181  27 MoReg 2312  28 MoReg 181  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  28 MoReg 183  27 MoReg 2312  27 MoReg 2313	26 MoReg 599 27 MoReg 415 26 MoReg 75 27 MoReg 41

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20 CSR 400-5.500	Life, Annuities and Health		27 MoReg 1376	27 MoReg 2314	
20 CSR 400-5.600	Life, Annuities and Health		27 MoReg 1376	27 MoReg 2314	
20 CSR 400-5.700	Life, Annuities and Health		27 MoReg 1380	27 MoReg 2314	
20 CSR 400-7.030	Life, Annuities and Health		27 MoReg 1380	27 MoReg 2314	
20 CSR 400-7.050	Life, Annuities and Health		27 MoReg 1381	27 MoReg 2315	
20 CSR 400-7.095	Life, Annuities and Health		27 MoReg 1989R		
			27 MoReg 1989		
20 CSR 500-1.100	Property and Casualty		27 MoReg 1381	27 MoReg 2315	
20 CSR 500-1.210	Property and Casualty		27 MoReg 2219		
20 CSR 500-1.300	Property and Casualty		27 MoReg 1382	27 MoReg 2315	
20 CSR 500-1.700	Property and Casualty		27 MoReg 1383	27 MoReg 2315	
20 CSR 500-2.300	Property and Casualty		27 MoReg 1383	27 MoReg 2315	
20 CSR 500-2.400	Property and Casualty		27 MoReg 1384	27 MoReg 2315	
20 CSR 500-4.100	Property and Casualty		27 MoReg 1385	27 MoReg 2315	
20 CSR 500-4.300	Property and Casualty		27 MoReg 1385	27 MoReg 2316	
20 CSR 500-4.400	Property and Casualty Property and Casualty		27 MoReg 1388R	27 MoReg 2316R	
20 CSR 500-6.100 20 CSR 500-6.960	Property and Casualty Property and Casualty	27 MoReg 848R	27 MoReg 1388 27 MoReg 905R	27 MoReg 2316	
20 CSK 300-0.900	Froperty and Casualty	27 MoReg 849	27 MoReg 905R 27 MoReg 906	27 MoReg 2223	
		27 Moreg 649	27 MoReg 2220R	27 WIORCG 2223	
20 CSR 500-10.100	Property and Casualty		27 MoReg 2220K		
20 CSR 600-1.020	Statistical Reporting		27 MoReg 1996		
20 CSR 600-2.100	Statistical Reporting		27 MoReg 1389	27 MoReg 2316	
20 CSR 600-2.110	Statistical Reporting		27 MoReg 1389	28 MoReg 185	
20 CSR 600-2.200	Statistical Reporting		27 MoReg 1390	27 MoReg 2316	
20 CSR 700-1.010	Licensing		27 MoReg 1390	28 MoReg 185	
20 CSR 700-1.020	Licensing		27 MoReg 1391	27 MoReg 2317	
20 CSR 700-1.025	Licensing		27 MoReg 1393	28 MoReg 186	
20 CSR 700-1.030	Licensing		27 MoReg 1393	27 MoReg 2317	
20 CSR 700-1.040	Licensing		27 MoReg 1394	27 MoReg 2317	
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20 CSR 700-1.060	Licensing		27 MoReg 1394	27 MoReg 2317	
20 CSR 700-1.090	Licensing		27 MoReg 1395	27 MoReg 2317R	
20 CSR 700-1.100	Licensing		27 MoReg 1395	28 MoReg 186	
20 CSR 700-1.110	Licensing		27 MoReg 1398	28 MoReg 188	
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1 CSR 10-11.010 Administrative Hear	State of Missouri Travel Regulations	
1 CSR 15-3.200 Personnel Advisory	Subject Matter	May 30, 2003
1 CSR 20-2.015	Broad Classification Bands for Managers	July 10, 2003
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2 CSR 110-1.010	Description of General Organization; Definitions; Requirements of Eligibility, Licensing, Bonding, and Application for Grants; Procedures for Grant Disbursements; Record Keeping Requirements, and Verification Procedures for the Missouri Qualified Fuel Ethanol Producer Incentive Program	February 23, 2003
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3 CSR 10-9.353 3 CSR 10-9.565	Privileges for Class I and Class II Wildlife Breeders  Licensed Hunting Preserve: Privileges	
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4 CSR 265-2.070	Complaints	
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4 CSR 265-2.100 4 CSR 265-2.110	Subpoenas and Formal Investigations	
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11 CSR 10-5.010	Missouri World War II Veterans' Recognition Program	February 27, 2003
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12 CSR 10-24.448	Proof of Identity and Proof of Social Security Number Required for Issuance of a Driver or Nondriver License	June 23, 2003
12 CSR 10-41.010	Annual Adjusted Rate of Interest	
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13 CSR 40-30.020 Division of Medical	Attorney Fees in Termination of Parental Rights Cases	June 11, 2003
13 CSR 70-10.015 13 CSR 70-10.150 13 CSR 70-15.040	Prospective Reimbursement Plan for Nursing Facility Services	May 6, 2003 . February 27, 2003
13 CSR 70-15.160	Prospective Outpatient Hospital Services Reimbursement Methodology	February 27, 2003

13 CSR 70-15.170 13 CSR 70-40.010 Elected Officia Secretary of State 15 CSR 30-3.010 15 CSR 30-8.010 15 CSR 30-8.020 15 CSR 30-9.040	Enhanced Disproportionate Share Payment to Trauma Hospitals for the Cost of Care to the Uninsured Provided by Physicians Not Employed by the Hospital .February 27, 2003 Optical Care Benefits and Limitations—Medicaid Program .February 27, 2003  Is  Voter Identification AffidavitApril 18, 2003 Provisional Ballots and EnvelopesApril 18, 2003 Procedures to Determine Eligibility for Provisional Ballots to Be Counted .April 28, 2003 Write-In StickersApril 18, 2003			
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# Be watching for a survey, coming soon.

We want your opinion!

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